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ABSTRACT

The conference report contains background information on organizing the April, 1979, New York, conference on educational issues of students with visual impairments; results of a preliminary needs assessment questionnaire; texts of 12 conference presentations; the conference evaluation results; and the program. The needs assessment questionnaire provided for the identification of topics respondents considered of highest priority for conference consideration. High priority topics selected included effective utilization of low vision and needs of parents with visually impaired children. Conference presentations are organized into the following categories: policy, individualized educational plans (IEPs), low vision, multihandicapped students, and specialized skills. Presentations have the following titles and authors: "Overview of New York State Policies and Plans Regarding Students with Visual Impairments" (L. Grumet); "Advocacy for Students and Parents" (H. Unterberg); "BEH Projects and Programs Related to Students with Visual Impairments" (J. Taylor); "Writing IEPs for Visually Impaired Students" (P. Vedovatti); "Effective Utilization of Low Vision" (N. Barraga); "Visual Development and Stimulation" (R. Jackson, E. Rosenthal); "Informal Assessment of Multihandicapped Students" (S. Legouri); "Tactile, Kinesthetic and Vestibular Stimulation" (J. Kimball); "Cognitive Development" (R. Swallow); "Orientation and Mobility Techniques for Teachers" (J. Rutberg); "Issues in Teaching Reading with the Optacon" (A. Corn); and "Career Education" (F. Simpson, G. Miller). Conference evaluation results included a rating of excellent or good on overall relevance of the conference by 81% of respondents. Appended are a list of conference planning committee members, facilitators, and recorders; instructions to facilitators and recorders; the needs assessment questionnaire; a running table of the Office of Special Education and Rehabilitative Services in the Department of Education; the regulations on IEPs of Public Law 94-142, the Education for All Handicapped Children Act; the conference evaluation form; and topic suggestions for future statewide conferences. (DB)

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SETTING OUR SIGHTS

CURRENT TRENDS AND FUTURE DIRECTIONS

Proceedings and Highlights of the

NEW YORK STATE CONFERENCE

ON

EDUCATIONAL ISSUES OF STUDENTS WITH VISUAL IMPAIRMENTS

April 6,7, 1979

Co-sponsored by

The New York State Education Department

and

The New York Institute for the Education of the Blind

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1980

The views and opinions expressed in the proceedings are those of the named presenters and not necessarily those of the State Education Department or the New York Institute for the Education of the Blind.

A NOTE FROM THE EDITORS

"I wish that I could attend the same conference over again and go to some of the other sessions", said one of the participants at the end of the conference. "The topics and speakers all sounded so good, it was difficult to choose", she added.

The words of this teacher reminded us that even the most diligent conference participant attended only six of the sessions during the two days of the conference. Editing the conference proceedings has enabled us to do the next best thing to attending all 12 sessions. We have learned a great deal and are even more impressed with the program that occurred. We hope that reading the proceedings will be next best to others in the field.

It was the intent of the Planning Committee to bring together for the conference the best thinkers and speakers in the field of education of students with visual impairments. It has been the intent of the editors to put together the proceedings or summaries of the sessions provided by these leaders so that their collective wisdom and expertise would have the wider use that it deserves.

We have listened to tapes, transcribed what was said, edited the transcripts, edited each other's editing, sent copies of our editing to the speakers who did further editing, and in some cases did minor editing to what we thought was final copy. We have tried, however, to remain faithful to the original ideas, words, tone, intent and flow of the speakers.

The sections on organizing the conference, the results of the Needs Assessment Questionnaire, the summary of the evaluation of the conference, and the material in the appendices have been added in the hope that they too will be useful to people interested in educational issues of students with visual impairments.

Although the proceedings are geared to teachers and other professionals, this publication is dedicated to students with visual impairments and to their parents.

If our efforts contribute to the delivery of more meaningful services to these students and their families, we will have achieved our goal.

E. Virginia Sheppard Lapham
Rosanne Kramer Silberman
Judith Bosco Cruz

September 1980

CONFERENCE PLANNING COMMITTEE MEMBERS



Planning Committee Members (l. to r.)

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CONFERENCE OVERVIEW

April 6 and 7 1979 were red letter days for visually impaired children in New York State. Three hundred people involved in the education of the visually impaired gathered on the campus of the New York Institute for the Education of the Blind. The participants, from all sections of New York State, assembled to hear national leaders discuss a variety of current issues in our field of special education. The Conference was sponsored jointly by the New York Institute for the Education of the Blind and the State Education Department.

The tone for the Conference was firmly established by keynote speaker, Louis Grumet, Assistant Commissioner, Office of Children with Handicapping Conditions, New York State Education Department. Mr. Grumet's sincere and deep commitment to the provision of high standards of educational services to the handicapped children of New York State was made quite evident throughout his dynamic presentation.

The second plenary session featured a presentation by Josephine Taylor, Project Officer, Division of Personnel Preparation, Bureau of Education for the Handicapped (BEH), Health, Education and Welfare (HEW). Miss Taylor gave a most interesting and extremely valuable overview of current BEH funding priorities. The news that programs for training public school support staff are being funded met with enthusiastic applause.

Dr. Natalie Barraga, Professor, Department of Special Education, University of Texas at Austin, was the third plenary presenter. Dr. Barraga's name is synonymous with the field of low vision. She described the updating of her low vision classroom materials which will be available soon from the American Printing House for the Blind.

Three sessions featuring three concurrent presentations each covered a broad spectrum of issues. They included:

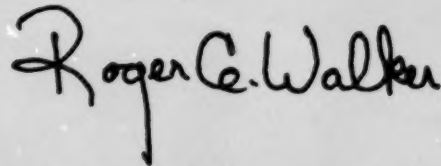
1. Informal Assessment of Multihandicapped Students: Presenter, Stephen Legouri, Psychologist, New York State School for the Blind, Batavia, New York.
2. Career Education: Pre-vocational and Vocational Training and Assessment. Panel: Gerald Miller, Senior Supervisor, Field Services, New York Commission for the Blind and Visually Handicapped; Frank Simpson, Coordinator, Pre-vocational Programs, New York Institute for the Education of the Blind; Melvin Eisenbach, Guidance Counselor, Bureau of the Visually Handicapped, Board of Education of the City of New York; Sondra Chalif, Program Specialist, Youth with Special Needs, BOCES Northern Westchester Technical Center, Yorktown Heights, New York.
3. Orientation and Mobility Techniques for Teachers: Presenter, Judith Rutberg, Director, Orientation and Mobility Program, Hunter College of the City University of New York.
4. Tactile, Kinesthetic and Vestibular Stimulation: Presenter, Judith Kimball, Occupational Therapist, Certified Psychologist, Syracuse, New York.

5. Issues in Teaching Reading with the Optacon: Presenter, Anne Corn, Instructor, Department of Special Education, Teachers College, Columbia University.
6. Advocacy for Students and Parents: Presenter, Harold Unterberg, New York State Advocate for the Disabled.
7. Cognitive Development - Sensory Motor Period: Presenter, Dr. Rose-Marie Swallow, Associate Professor, Department of Special Education, California State University at Los Angeles.
8. Writing IEPs for Visually Impaired Students: Presenter, Phil Vedovatti, Vision Coordinator, Northwestern Illinois Association, DeKalb, Illinois.
9. Visual Development and Stimulation: Presenters, Dr. Richard Jackson, Assistant Professor, Department of Special Education and Psychology, Dominican College, Blauvelt, New York; Dr. Bruce Rosenthal, Associate Professor, Low Vision, State University of New York, State College of Optometry.

The content of the Conference was based upon the findings of a Needs Assessment Questionnaire which was circulated throughout the State in the Fall. There were 207 replies.

Conference participants were asked to complete evaluation forms prior to their departure. Several important conclusions were made upon tallying the evaluation forms. There was virtually a 100% endorsement for the continuance of the Conference on an annual basis. The plenary sessions were enthusiastically received by the vast majority of those completing evaluation forms. The content of the concurrent sessions was a true reflection of the findings of the Needs Assessment Questionnaire.

The proceedings of the Conference which follow in this volume provide testimony to the collaborative potential of the public and private sectors. The Planning Committee acknowledges with great appreciation the support of the State Education Department under the leadership of Assistant Commissioner Grumet whose dedication to the provision of quality services to handicapped children provides inspiration for us all.



Roger C. Walker, Director, New York Institute for the Education of the Blind

ORGANIZING THE CONFERENCE

E. Virginia Sheppard Lapham
Judith Bosco Cruz

The idea of conducting a statewide conference on educational issues of children with visual impairments was one that had been discussed by many people in New York over a period of several years. Successfully implementing the idea, however, resulted from a number of factors, some of them seen more clearly in retrospect. The intent of this section is to describe the various processes of organizing the conference in the hope that it may be of benefit to future organizers of state conferences.

INITIAL COMMENT

The Board of Managers and the Administration of the New York Institute for the Education of the Blind (NYIEB) first expressed an interest in hosting a statewide conference on the conditions that 1) the idea met with approval and support from the State Education Department (SED), and 2) the conference would meet with widespread need and interest of a significant number of persons concerned with and about educational issues of students with visual impairments. If these conditions could be met, the Institute was willing to make further commitments of staff time and energy to assist in planning and coordinating the conference, to contribute to travel costs and honorariums for some speakers, and to provide meals and limited housing to participants of the conference.

This kind of agency support was very important in initiating a statewide conference.

COOPERATION OF STATE EDUCATION DEPARTMENT

Discussions were first held with the State Education Department (SED) staff members with whom the Institute had regular contact. The results of these informal discussions were encouraging and a meeting was arranged with Assistant Commissioner Louis Grumet in the Office of Children with Handicapping Conditions. The Commissioner considered the idea of a statewide conference worthwhile, and suggested several areas of cooperation including technical assistance from SED staff, the appointment of an SED staff member to serve on the Planning Committee, and the possibility of financial assistance for specific parts of the conference. Commissioner Grumet also agreed at a later point to be the opening speaker for the conference, a valuable contribution and endorsement. Larry Gloeckler, Chief, Bureau of Program Development, met with Institute representatives and suggested the idea of doing a Needs Assessment. This suggestion proved very helpful and is discussed at length in the proceedings. John San Fratello, Associate, Education of the Visually Impaired, Bureau for Special Program Review, was the SED representative who was helpful both in actively participating on the Planning Committee and in providing informational resources, contacts and ideas between meetings.

INFORMAL OUTREACH

Contacts were next made with people in several other schools and agencies providing educational services to visually impaired children and with parents and consumers in order to solicit their ideas and degree of interest in assisting with or attending a statewide conference. This informal outreach provided additional encouragement for having a conference. Similar outreach efforts had met with enthusiastic support. The next step was to develop a Planning Committee that would take on the actual responsibility for planning and implementing the conference.

FORMING A PLANNING COMMITTEE

The considerations in forming a planning committee included the following:

The Committee should--

- 1) be small enough to be a working committee, for example, consist of 7-11 members.
- 2) represent a variety of programs serving visually impaired populations. (The programs considered were public school programs with special classes, Board of Cooperative Educational Itinerant Service programs, special school programs, state and private agencies, universities teacher preparation programs, pre-school programs and programs of related agencies.)
- 3) represent a variety of professional positions within these programs such as teachers, supervisors, administrators, and related services personnel.
- 4) include both primary consumers (persons with visual impairments) and secondary consumers (parents of persons with visual impairments).
- 5) include a majority of persons within a one or two hour commuting distance of each other plus two or three persons representing other parts of the state.
- 6) include persons willing and able to attend meetings and to carry out activities between meetings.
- 7) include both men and women, persons in the field a long time and persons relatively new to the field, and other representations as appropriate.

The discussions around these attempts to have the Planning Committee as representative as possible while remaining small resulted in selecting people who fit into more than one category. For example, a person from an Upstate area, representing a state agency, was also the parent of a visually impaired child. Another person selected was an itinerant teacher in a BOCES program who also had a visual impairment. This selection of persons who were both professional providers of services and consumers of professional services led to criticism from a few persons responding to the Needs Assessment Questionnaire (NAQ) that we did not have any pure consumer representation on the Planning Committee. This is a consideration for future planning committees.

Persons selected for the Planning Committee were then contacted by telephone or in person to determine their willingness to serve on the Committee and then official letters of invitation to serve on the Committee were sent to them and to their employers.

FIRST MEETING OF THE PLANNING COMMITTEE

The first meeting of the Planning Committee was scheduled in June, nearly a year before the anticipated date of the Conference. In preparation for the first meeting, people known to have been involved in planning similar conferences in other states such as Illinois, Pennsylvania and California were contacted regarding their experiences and advice. These contacts were helpful in getting general information and suggestions as well as obtaining copies of programs from past conferences of other states.

A tentative agenda for the meeting was also prepared which was revised and expanded at the beginning of the meeting. The minutes of this meeting show that the Committee made the following decisions:

SUMMARY REPORTS

In order to have a common starting point, a summary was provided of all activities to that date including the information and suggestions received from persons in other states, a summary of contacts made with the SED personnel, and a summary of ideas and comments from provider and consumer groups. After discussion of these reports, it was decided to proceed with plans for a statewide conference.

PURPOSE OF THE CONFERENCE

It was decided that the goal of the conference would be to bring together persons with common interest in education of students with visual impairments for purposes of:

INFORMATION--New ideas, research findings, resource materials

INSPIRATION--Speakers, workshops, informal discussions

SKILLBUILDING--Participatory and experiential group sessions

SKILL SHARING--Pilot programs, model programs, experimental programs, innovative techniques, new educational approaches.

PARTICIPANTS

The primary group of participants was concluded to be teachers of visually impaired students. Others to be invited included supervisors and administrative personnel; classroom teachers with mainstreamed visually impaired student(s); ancillary staff such as speech, occupational and physical therapists; counselors, social workers and psychologists; medical personnel; orientation and mobility teachers; parents and visually impaired adults; teacher training personnel and others as space permitted.

THEME AND OVERALL FOCUS

Consideration of a broad theme was discussed. This was to be decided upon by the Planning Committee as a result of the NAQ sent out to the mailing list of perspective attendees and other interested persons. Suggestions for the NAQ were brainstormed with a draft to be put together by two members and sent out to Planning Committee members for revisions and suggestions. The NAQ was to be sent out in early September with return scheduled for early October.

NEEDS ASSESSMENT QUESTIONNAIRE

It was decided to conduct a Needs Assessment in order to plan the program and select speakers that would be most useful to people working in the field of education of visually impaired students. Two Planning Committee members agreed to put together a draft copy of a NAQ and then circulate it to all other Planning Committee members for comments. After revising the NAQ from these comments, a final version was to be mailed to professionals and parents soon after school re-opened in the Fall. A three-week period was to be scheduled for returns prior to the next Planning Committee meeting.

PROGRAM

The conference program was to be decided by the Planning Committee from the results of the NAQ, with the following exceptions. The Planning Committee decided to ask Assistant Commissioner Louis Grumet to give the opening address on the first day of the conference, and Josephine Taylor from the Bureau of Education for the Handicapped in Washington, D.C. to give the opening address on the second day of the conference. These presentations were to provide overall state and federal perspectives on education of students with visual impairments and where they fit in larger issues of education.

LITERATURE AND EQUIPMENT DISPLAY

It was decided to provide tables and space for display of literature and equipment. Several agencies were to be contacted and invited to provide displays. These included the American Foundation for the Blind, American Printing House, American Thermoform Corp., Apollo Lasers Inc., John Milton Society for the Blind, Kurzweil Computer Products, Science Activities for the Blind Products, Telesensory Systems Inc. and Visualtek.

PROFESSIONAL ASSOCIATIONS

Professional associations concerned with students with visual impairments and related professional groups were to be contacted for possible support of the conference and opportunity provided for them to have table space for membership recruitment and information.

FILMS

It was decided to have a Film Festival during the conference. Suggestions for films were to come from the responses to the NAQ and from the Planning Committee.

BUDGET

This included cost consideration of the following:

- a) **Speakers:** It was decided to pay travel costs and honorariums of all plenary and workshop speakers who were not state or federal employees or staff members of the Institute.
- b) **Publicity:** The costs of paper, envelopes, stamps, typing, electronic copying and staff time were discussed as necessary to publicizing the conference. A preliminary program was to be prepared and included in the mailing. A final program was also a cost item.
- c) **Conference meeting rooms, housing and meals:**
As host for the conference, the Institute was willing to provide meeting and display space needed. Meals provided by the Institute were to be low cost and dorm space for 25 persons from Upstate would be available at low cost. It was hoped that school districts and other employers of participants would provide transportation costs and released time to attend the Conference.
- d) **Publication of the Conference Proceedings:**
Since many experts in the field of the visually impaired were expected to be speakers and presenters at the conference, it was felt that publication of the proceedings would be desirable.
- e) **Equipment:** The Institute was willing to loan audio-visual equipment, borrow some from neighboring agencies, and rent whatever else was needed.

FUNDING AND REGISTRATION

Since the Institute and the SED as co-sponsor of the conference were willing to underwrite many of the budget items, a low registration fee of \$10.00 was set in order to encourage attendance of as many participants as possible. It was decided to limit registration to 200 persons due to space limitations.

DATE AND TIME OF THE CONFERENCE

It was decided to hold a two-day conference on a Friday and a Saturday. Two dates were considered with the final date to be decided after checking for dates of related conferences.

PLANNING THE PROGRAM

By the time the Planning Committee met again in October, 172 of the NAQ's had been returned and the results summarized. The topics reported as the top ten priorities of all respondents were used to plan the program. It was decided to have 3 plenary speakers and 9 workshops, the workshops to be scheduled in three periods of three consecutive sessions. Suggestions of speakers or presenters for each high priority topic came from the NAQ and from Planning Committee members. Various Planning Committee members assumed responsibilities for contacting speakers. Copies of all correspondence were sent to an Institute staff person for central coordination.

A summary of information from the open ended part of the NAQ was also reviewed. Workshop Facilitators and Recorders were selected from the list of names suggested by NAQ respondents on a representative basis similar to criteria used in selecting Planning Committee members. It was decided to write a description of the responsibilities of both Facilitators and Recorders to include in the letters of inviting them to assume these responsibilities. These descriptions and the outline provided to Recorders on the days of the conference are included in Appendix I. The registration fee was waived for speakers, recorders, facilitators and exhibitors.

Films for the film festival were also selected from the suggestions made on the NAQ. It was decided to have eleven films shown in two locations on Friday evening. The films selected were:

- 1) "Try another Way", discusses Dr. Marc Gold's system and philosophy of vocational training for the mentally retarded.
- 2) "Growth and Development of the Multiply Handicapped Infant", study of a profoundly impaired infant's first 3½ years.
- 3) "Like Everyone Else", discusses a blind child's experience in mainstreaming.
- 4) "Optometric Theory", illustrates a series of activities designed to organize visual-motor movement.
- 5) "SEE What I Feel", Britannica series on mainstreaming.
- 6) "Seven Minute Lesson", techniques of basic mobility.
- 7) "Esther", evaluation and programming of a deaf-blind child.
- 8) "I Can Do It", Britannica film on mainstreaming a physically disabled child.
- 9) "Harold", Britannica film on mainstreaming.
- 10) "Not Without Sight", illustrates major forms of blindness.
- 11) "He Comes from Another Room", depicts the integration of an emotionally disturbed child into a regular classroom.

Many ideas for conference themes were suggested by the respondents, and the Planning Committee brainstormed these ideas at one of the meetings and for several more weeks before deciding upon the theme of "SETTING OUR SIGHTS: CURRENT TRENDS AND FUTURE DIRECTIONS".

In planning the agenda for the conference, the topics for the nine workshops were discussed in terms of what sessions should be consecutive rather than concurrent in order to allow participants to attend as many workshops as possible that were relevant to their specific interests.

OTHER PLANNING NOTES

The first persons to receive brochures that included conference pre-registration forms were the 207 persons who responded to the NAQ. They were assured of being among the 200 persons able to attend the conference if their forms were returned within three weeks. The pre-registration forms were then distributed to agencies and other interested persons.

A memorandum was mailed to all pre-registrants a month before the conference with information about travel, parking, overnight accommodations and meals. A map of the area was included.

The last Planning Committee meeting before the conference was used to go over all the last-minute details and decide upon responsibilities of the Planning Committee members during the days of the conference.

A post-conference meeting was scheduled to review the evaluations of the conference and to provide a mechanism for continuing statewide conferences if the conference participants considered this a worthwhile goal.

The results of the conference evaluations are discussed in Section IV following the proceedings.

RESULTS OF THE NEEDS ASSESSMENT QUESTIONNAIRE

Rosanne K. Silberman

The Planning Committee, in its efforts to select topics of special interest to professionals and parents concerned with the education of children with visual impairments, developed a Needs Assessment Questionnaire (NAQ) which was distributed to the following sources:

1. All school districts in the state known to have visually impaired students;
2. Private and public agencies (list was obtained from American Foundation for the Blind's Directory of Agencies Serving the Visually Handicapped in the United States, 20th edition, 1978) concerned with educational issues related to visual impairment;
3. The five children's consultants of the New York State Commission for the Blind and Visually Handicapped.
4. The members of the Planning Committee;
5. Several parent groups;
6. Specific individuals requesting copies.

Two hundred seven survey forms were returned. Initially, 400 questionnaires were distributed, but since some of the returns were photostatic copies of those NAQ's originally sent out, the actual percentage of returns is unknown. In some cases, multiple returns came from one distributed questionnaire.

The questionnaire served a two-fold purpose, that of enabling the field to provide direct input into the planning and that of serving as a vehicle for publicizing the Conference.

METHOD OF ANALYSIS

The collected data reported on the 207 NAQ's were coded, posted and entered in the Statistical Package for the Social Sciences (SPSS) computer program at Hunter College of the City University of New York. The frequencies and crosstabs subcomponents of the SPSS were utilized to tabulate descriptive statistics (frequencies, percentages, means, standard deviations) for each variable on the questionnaire. Consultative services were provided by Sundance Computer Company and by Professor Peter Tuckel in the Sociology Department at Hunter College. It should be noted that not all of the 207 questionnaires contained completed information for each of the items surveyed. Therefore, there are variations in frequency counts due to missing data.

GENERAL CHARACTERISTICS OF RESPONDENTS

Demographic data reported on the questionnaire form included geographic location, type of position, program type, educational background, types of teacher certification, and number of years of work experience with visually impaired children. This is noted in Table I. Since some of the data requested and the technical language used to identify the topics for consideration were geared mainly to professionals, many parents may have felt inhibited from responding.

GEOGRAPHIC LOCATION

Sixty-eight percent (68%) of the respondents were from Downstate New York, which included New York City, Long Island, Westchester, Rockland, Orange and Ulster counties. Thirty-two percent (32%) were from Upstate New York, which included Albany, Schenectady, Buffalo, Rochester, Syracuse, Binghamton, as well as other upstate locales. The higher figures from the Downstate area possibly reflect the greater population density and therefore the higher prevalence of visually impaired children. In addition, the Planning Committee had access to more specific names and addresses of sources of respondents in the greater New York City area.

TYPE OF POSITION

Fifty-eight percent (58%) of the 207 respondents providing this information were teachers of the visually handicapped. This included thirty-one percent (31%) who were itinerant teachers, seventeen percent (17%), special class teachers, and ten percent (10%), resource room teachers. Other positions reported by the respondents included paraprofessionals (14%), administrators (13%), parents (7%), related services (5%) and university personnel (3%).

TYPE OF PROGRAM

One hundred eighty people (87% of the total) provided information about the type of program with which they were employed or involved. Of these, 38% were involved in special schools; 58% were from public school programs, and 4% were from a university. Thirty-six percent (36%) of the public school respondents were from Downstate; twenty-two percent (22%) were from Upstate.

EDUCATIONAL BACKGROUND

Seventy-eight percent (78%) of respondents providing information regarding their educational background had attained a minimum of a Bachelor's Degree. Those with a Bachelor's Degree and those with a Bachelor's Degree plus additional credits comprised 35%. Persons with a Master's Degree comprised 21% and those with a Master's Degree plus additional credits included 44%.

TEACHER CERTIFICATION

Sixty-three percent (63%) of the respondents providing information on State Teacher Certification were certified in at least one area of education. A majority of those certified (58%) were certified as Teacher of the Blind plus at least one other special education or elementary or secondary education area. An additional twenty-four percent (24%) were certified as Teacher of the Blind only. Twelve percent (12%) reported having certification as teacher of special education plus elementary or secondary education. Five percent (5%) reported having certification in elementary or secondary education only.

WORK EXPERIENCE

Sixty-nine percent (69%) of the total respondents provided information on the number of years of work experience with visually handicapped children. Of this number, forty-five percent (45%) were employed for less than five years; twenty-three percent (23%) were employed between five and ten years, and thirty-two percent (32%) were employed for more than ten years.

TOPIC CONSIDERATION

Each of the 33 possible topics for consideration at the Conference, which are included in Table II, were listed and lines were provided for grading each topic on a scale of 1-4 (with 1 as the highest). The grading was defined as:

- 1) High Priority, 2) Important, 3) Low Priority, 4) Not Interested

Table III contains a summary of the results based upon the total population. No limits were set on the number of topics to which each respondent could give a particular grade. Therefore, for example, a given respondent could possibly have graded all 33 topics as 1) High Priority. Also, within any one grade, the respondent's ranking is not measured.

RESULTS

The specific topics which ranked among the top ten as **High Priority** by the total population and by selected groups were then used as the basis for selecting session topics at the Conference. (See Table IV). The topic, *Effective Utilization of Low Vision (No. 14)* which ranked first, received the **High Priority** rating by about two-thirds of the respondents. Other topics which were rated as **High Priority** by more than half of the respondents were: *Needs of Parents with Visually Impaired Children (No.6)*, *Language Development and Communication Techniques (No.17)*, *Visual Development and Stimulation (No.13)*, *Tactile, Kinesthetic and Vestibular Stimulation (No.15)*, *Career Education (Pre-vocational and Vocational Assessment and Planning) (No.25)*, and *Funding Resources for Projects and Special Programs Related to Visually Impaired Students (No.4)*. The remaining top ten **High Priority** topics included: *Cognitive Development-Sensory Motor Period (No.18)*, *Orientation and Mobility (No.21)*, and *Current Research Regarding the Visually Impaired (No.31)*.

When the top two categories of **High Priority** and **Important** were combined, as indicated in Table V, the ten highest ranked topics were given this rating by more than eighty percent of the respondents. *Effective Utilization of Low Vision (No.14)* still ranked as number one on these combined categories by an even larger ninety-four percent of the 207 respondents. Additional topics (which were not included when only **High Priority** rankings were counted) ranking among the top ten included: *Affective development (No.16)*, *Implications of an Update on Legislation Regarding Visually Impaired Students (No.2)*, and *Interpreting and Applying Medical Information to Classroom Programming (No.8)*. It should be noted that because of a typographical error, the ranking of *Affective Development (No.16)*, listed as *Effective Development*, cannot be accurately determined. However, even with the error, 86% of the respondents ranked it among the top ten possibly recognizing the error and in some cases correcting it on the questionnaire. Two of the above topics were not addressed at the Conference. These were *Affective Development (No.16)* and *Interpreting and Applying Medical Information to Classroom Programming (No.8)*. These topics might be given consideration by future planning committees.

Further analyses of **High Priority** topic preferences helped the Planning Committee to refine the selection process to assure that the needs of specific interest groups were being met at the Conference. The top ten **high priorities** were determined for several of the subgroups. Then comparisons were made between these subgroups and between each subgroup and the total population of respondents. The following section summarizes the main results derived from the comparisons.

GEOGRAPHIC LOCATION

Analyses of the respondents' top ten **High Priority** choices based upon Geographic Location, provided in Table VI, revealed:

- 1) Six topics were ranked among the top ten by the Upstate, Downstate, and Total Population (Nos. 6,13,14,15,17,25);
- 2) Six topics among the top ten were selected by more than fifty percent of both the Upstate and Downstate respondents. The selections, however, were not always the same topics by both groups;
- 3) Two topics, *Conducting Staff Inservice Regarding the Needs of Mainstreamed Students with Visual Impairments (No.33)* and *Activities of Daily Living (No.23)* ranked among the top ten by only Upstate respondents, not by Downstate or the total population;
- 4) Two topics, *Affective Development (No.16)* and *Interpreting and Applying Medical Information (No.8)* ranked among the top ten by only Downstate respondents, not by Upstate or the total population;
- 5) Two of the top ten topics ranked as **High Priority** by both Upstate and the Total Population were *Orientation and Mobility (No.21)* and *Funding Resources for Projects and Special Programs Related to Visually Impaired Students*;
- 6) Two topics ranked among the top ten by Downstate and the Total Population were *Cognitive Development-Sensory Motor Period (No.18)* and *Current Research Regarding the Visually Impaired (No.31)*.

TYPES OF TEACHING POSITION

Analyses of the respondents top ten **High Priority** choices based upon the Type of Teaching Position, shown in Table VII, revealed the following:

- 1) Ten topics were ranked among the top ten by more than half of the special class teachers, whereas a majority of resource room and itinerant teachers ranked only six topics as **High Priority**;
- 2) All of the teacher groups and the total population ranked three topics in common among the top ten. They were *Effective Utilization of Low Vision (No.14)*, *Visual Development and Stimulation (No.13)*, and *Needs of Parents with Visually Impaired Children (No.6)*;
- 3) The special class teachers, unlike the resource room teachers, the itinerant teachers, and the total population of respondents, ranked three topics among the top ten which were relevant to the multiply handicapped. They were *Informal Assessment of Multi-handicapped Students (No.11)*, *Affective Development (no.16)* and *Self-Help Skills (No.22)*;

- 4) Two additional topics relevant to the multiply handicapped were ranked among the top ten by the special class teachers and the total population of respondents only. They were *Language Development and Communication Techniques (No.17)* and *Cognitive Development-Sensory Motor Period (No.18)*;
- 5) The topic, *Interpreting and Applying Medical Information to Classroom Programming (No.8)* ranked among the top ten by the special class and resource room teachers only;
- 6) One topic, *Tactile, Kinesthetic and Vestibular Stimulation (No.15)* ranked second among the special class teachers and seventh among the itinerant teachers. It did not rank among the top ten by either the resource room teachers or the total population of respondents;
- 7) The resource room teachers, unlike the other teachers or the total population, ranked *Current Status of Sensory Aids (No.30)* and *Identifying and Utilizing Community Resources (No.5)* among the top ten;
- 8) About half of the itinerant and resource room teachers ranked *Conducting Staff Inservice Regarding the Needs of Mainstreamed Students with Visual Impairments (No.33)* as fifth and sixth respectively. This topic was not a **High Priority** concern of the special class teachers or the total population of respondents;
- 9) The resource room and itinerant teachers as well as the total population ranked three topics in common among the top ten. They were *Career Education (No.25)*, *Funding Resources for Projects and Special Programs for Visually Impaired Students (No.4)* and *Current Research Regarding the Visually Impaired (No.31)*. *Career Education (No.25)* ranked second among 63% of itinerant teachers while *Funding Resources for Projects... (No.4)* ranked second among 62% of the resource room teachers.
- 10) The itinerant teachers, unlike the other teachers or the total population, expressed a **High Priority** need for a session on *Writing Individualized Education Plans for Visually Impaired Students (No.32)* and *New York State Education Department Policies and Procedures Regarding the Visually Impaired (No.1)*.

EDUCATIONAL BACKGROUND

Analyses of the top ten **High Priority** topics selected based upon the educational background of the respondents, noted in Table VIII, revealed:

- 1) A majority of those with a Bachelor's degree and a Bachelor's degree with additional credits rated seven topics as **High Priority**; a majority of those with a Master's degree rated eleven topics as **High Priority**, and a majority of the respondents with more than a Master's degree rated only two topics as **High Priority**. It is possible that the interests of the latter group are so focused in specialized areas that few **High Priority** concerns were identified;
- 2) Regardless of educational background, six topics in common were ranked among the top ten by all the subgroups and the total population of respondents (Nos. 6,13,14,15,25 and 31);
- 3) Two topics were rated among the top ten by only the respondents having a college degree or a college degree with additional credits. They were *Media and Material (No.29)* and *Motor Development and Physical Education (No.20)*;

- 4) Two topics which ranked among the top ten by only those respondents whose background ranged from having a Bachelor's to a Master's degree were *Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments (No.33)* and *Informal Assessment of Multi-handicapped Students (no.11)*. One additional topic which ranked among the top ten by the same respondents as well as by the total population was *Cognitive Development-Sensory Motor Period (No.18)*;
- 5) Two topics which ranked among the top ten by those with a Bachelor's degree and a Bachelor's with additional credits, by those with more than a Master's degree, and by the total population were *Language Development (No.17)* and *Funding Resources...(No.4)*. Only those with a Master's degree did not express these as a **High Priority** concern.

TEACHER CERTIFICATION

Analyses of the types of teacher certification held by respondents, as indicated in Table IX, revealed the following:

- 1) A majority of those that held Teacher of the Blind plus at least one other area of certification selected only four **High Priority** topics as compared with seven selected by the majority of both those certified as Teacher of the Blind only and Teacher of Special Education plus one other area. It was interesting to note that a majority of those without any special education certification (certified in elementary or secondary education only) selected eleven topics as **High Priority**;
- 2) Two topics, *Effective Utilization of Low Vision (no.14)* and *Language Development and Communication Techniques (No.17)* were rated among the top ten by all the certified teachers as well as by the total population of respondents;
- 3) Except for the teachers certified as Teacher of the Blind only, all the other certified teachers and the total population of respondents ranked *Tactile, Kinesthetic and Vestibular Stimulation (No.15)* among the top ten;
- 4) The group of teachers certified as Teacher of the Blind only, however, ranked *The Teacher's Role in Due Process (No.3)* and *Activities of Daily Living (No.23)* among the top ten **High Priorities**. This group and the total population of respondents also ranked **Orientation and Mobility (No.21)** among the top ten;
- 5) The teachers certified in the visually handicapped plus at least one other area, unlike the other groups of certified teachers or the total respondents, ranked *New York State Education Department Policies and Procedures Regarding the Visually Impaired (No.1)* among the top ten;
- 6) Another topic, *Interpreting and Applying Medical Information to Classroom Programming (No.8)*, ranked among the top five as **High Priority** in two groups of respondents, those certified only as Teacher of the Blind and those certified only in Elementary or Secondary Education;
- 7) Five topics were rated among the top ten by the teachers certified in a special education area plus elementary or secondary education only (Nos. 2,5,16,20,22). This group did not include teachers certified in the visually handicapped;

- 8) Teachers with certification in elementary or secondary education only, unlike those certified in at least one area of special education or the total population of respondents ranked *Effective Parent Participation in IEP Meetings (No.7)* and *Writing IEPs for Visually Impaired Students (No.32)* among the five **highest priorities**, and *Formal Assessment Of and Curriculum Planning for Academically Oriented Students (No.10)* and *Media and Material (No.29)* among the top ten **highest priorities**;
- 9) *Tactile, Kinesthetic and Vestibular Stimulation (No.15)* was ranked as **highest priority** by 79% of those teachers with special education certification and at least one other area; it was ranked among the top five priority concerns by those certified in visually handicapped and at least one other area, by those certified in elementary or secondary education, and by the total population of respondents;
- 10) The topic, *Needs of Parents with Visually Impaired Children (No.6)*, was expressed as a **High Priority** concern by all the certified teachers, except for those certified in elementary or secondary education only and by the total population of respondents;
- 11) Two groups of respondents, those certified as Teacher of the Blind only and those certified in special education plus elementary or secondary education ranked *Current Research Regarding the Visually Impaired (No.31)* among the top four **High Priority** concerns. In addition, the total population of respondents ranked it tenth.

WORK EXPERIENCE

Analyses of the differences in priorities among those respondents working with visually handicapped students for less than five years, five to ten years, and more than ten years, as indicated in Table X, revealed the following:

- 1) At least fifty percent (50%) of those working with visually handicapped children for less than five years rated nine topics among the top ten; at least fifty percent (50%) of those employed from five to ten years rated eight topics among the top ten, and at least fifty percent (50%) of those employed for ten years or more rated six topics among the top ten **High Priority** concerns;
- 2) Regardless of number of years of work experience, all the groups of respondents and the total population of respondents rated five topics in common among the top ten (Nos. 6,13, 14,15,25);
- 3) Two topics were ranked among the top ten by only those employed with visually handicapped children for less than five years. They were *Informal Assessment of Multi-handicapped Students (No.11)* and *Self-Help Skills (No.22)*;
- 4) *Funding Resources for Projects and Special Programs Related to Visually Impaired Students (No.4)* and *Current Research Regarding the Visually Impaired (No.31)* were ranked among the top ten by those employed for at least five years as well as by the total population of respondents;

- 5) Four topics were ranked among the top ten by only those employed for more than ten years. These included *New York State Education Department Policies and Procedures Regarding the Visually Impaired (No.1)*, *Implications of an Update on Legislation Regarding Visually Impaired Students (No.2)*, *Effective Parent Participation in Individualized Education Plan (IEP) Meetings (No.7)*, and *Interpreting and Applying Medical Information to Classroom Programming (No.8)*;
- 6) Two topics which ranked among the top ten by those employed ten years or less and by the total population of respondents were *Language Development and Communication Techniques (No.17)* and *Cognitive Development-Sensory Motor Period (No.18)*;
- 7) *Orientation and Mobility (No.21)* ranked among the top ten **High Priority** concerns by only those employed for less than five years and by the total population of respondents.

ADDITIONAL FINDINGS

Additional insights might be obtained by identifying issues of concern to different subgroups where a given issue can encompass several topics. The conclusions must be viewed cautiously, since the amount of overlap between the subgroups has not been analyzed. Nevertheless, the observations are worth reporting.

LOW VISION: The respondents overwhelmingly expressed their strong concern for the topics related to low vision. *Effective Utilization of Low Vision (No.14)* was ranked among the top five **High Priorities** by the total population and by each of the subgroups discussed in this report. *Visual Development and Stimulation (No.13)* was ranked among the top ten by the total population and by each subgroup except for those teachers certified in the area of the visually handicapped only.

PARENTS: The respondents also expressed their strong concern for issues related to parents of visually impaired children. The topic, *The Needs of Parents with Visually Impaired Children (No.6)* was ranked among the top ten **High Priorities** by the total population of respondents and by each subgroup except for the teachers certified in elementary or secondary education only. However, the latter group showed their interest in parents by ranking the topic, *Effective Parent Participation in Individualized Education Plan Meetings (No.7)* as highest.

PUBLIC POLICY: Interest in public policy as it affects visually impaired students was expressed by respondents employed in the field for more than ten years, by those certified in the visually handicapped plus at least one other area, and by the itinerant teacher group. They all ranked *New York State Education Department Policies and Procedures Regarding the Visually Impaired (No.1)* among the top ten. In addition, respondents employed for more than ten years also ranked *Implications of an Update on Legislation Regarding Visually Impaired Students (No.2)* among the top ten. Teachers certified as Teacher of the Blind only ranked *Teacher's Role in Due Process (No.3)* as eighth highest.

Funding Resources for Projects and Special Programs Related to Visually Impaired Students (No.4) and *Current Research Regarding the Visually Impaired (No.31)* were ranked among the top ten by the total respondents and by several of the subgroups including resource room and itinerant teachers, those whose educational background ranged from having a bachelor's degree to earned credits beyond the master's degree, and those employed for at least five years.

INDIVIDUALIZED EDUCATION PLAN: Issues related to the IEP were expressed by the itinerant teachers and also by those certified in elementary or secondary education only. They ranked *Writing Individualized Education Plans (IEPs) for Visually Impaired Students (No.32)* as sixth and fourth **High Priority**. Concern was demonstrated by several subgroups of respondents regarding issues relevant to the least restrictive environment for visually impaired students. Upstate respondents, resource room teachers, itinerant teachers, and those whose educational background ranged from having a bachelor's degree to a master's degree ranked *Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments (No.33)* among the top eight priorities.

MULTIPLY HANDICAPPED: In recognition of the changing population of visually impaired students, a concern among the total respondents and various subgroups for the multi-handicapped was expressed. As expected, the special class teachers ranked almost all of their top ten **High Priority** concerns on this population. *Informal Assessment of Multi-handicapped Students (No.11)*, which ranked third by the special class teachers, also ranked among the top ten by teachers certified in the visually handicapped plus at least one other area and by teachers certified in special education plus elementary or secondary education.

CONCLUSION

The Needs Assessment Questionnaire (NAQ), received from 207 professionals and parents in New York State, proved to be an extremely valuable instrument for helping the Planning Committee select the topics for the 1979 Conference. With few exceptions, the topics truly reflected the **High Priority** concerns of the total population and of specific subgroups when factors such as geographic location, type of position, program type, educational background, teacher certification, and years of work experience with visually impaired children were considered.

Of the 207 respondents, the majority felt that all 33 topics were considered **High Priority or Important**. No topic was ranked as **Low Priority or Not Interested** by a majority of the respondents. Those topics in which the total population of respondents were least interested were *Assessment of and Planning for Academically Oriented Blind Students (No.12)*, *Issues in Teaching Reading with the Optacon (No.28)*, and *Braille Efficiency (No.27)*. The results were the same when the categories of **Low Priority and Not Interested** were combined.

Two topics ranking among the top ten by more than one subgroup were not addressed at the Conference. They were *Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments (No.33)* and *Interpreting and Applying Medical Information to Classroom Programming (No.8)*.

While it is possible that further analyses might reveal other differences in priorities between subgroups, the highlights have been presented. It is hoped that this report based on the results of the NAQ will be helpful to special interest groups concerned with the needs of visually impaired students in planning future conferences in New York State as well as in other locales across the country.

TABLE I: GENERAL BACKGROUND INFORMATION
ON PERSONS ANSWERING NAQ

(N=207)

	<u>Number</u>	<u>Percent</u>
<u>Geographic Location (207)*</u>		
Downstate	141	68.1
Upstate	66	31.9
<u>Type of Position (207)*</u>		
Special Class	35	16.9
Resource Room	20	9.7
Itinerant	64	30.9
University	7	3.4
Parent	13	6.3
Paraprofessional	29	14.0
Related Services	10	4.8
Administrators	27	13.1
Other	2	.9
<u>Program Type (180)*</u>		
Special Schools	68	37.8
Upstate Public Schools	40	22.2
Downstate Public Schools	65	36.1
University	7	3.9
<u>Educational Background (162)*</u>		
Bachelor's Degree/Bachelor's Degree Plus	57	35.2
Master's Degree	34	21.0
Master's Degree Plus	71	43.8
<u>Teacher Certification (130)*</u>		
Teacher of the Blind only	31	23.9
Teacher of the Blind plus	77	59.2
Special Education	15	11.5
Elementary plus Secondary	7	5.4
<u>Work Experience (143)*</u>		
Less than five years	64	44.7
Five to ten years	33	23.1
More than ten years	46	32.2

N= Total number of Questionnaires returned.

*= Number of respondents providing this information.

TABLE II

TOPICS TO BE CONSIDERED FOR CONFERENCE

1. New York State Education Department Policies and Procedures Regarding the Visually Impaired
2. Implications of an Update on Legislation Regarding Visually Impaired Students
3. The Teacher's Role in Due Process
4. Funding Resources for Projects and Special Programs Related to Visually Impaired Students
5. Identifying and Utilizing Community Resources
6. Needs of Parents with Visually Impaired Children
7. Effective Parent Participation in Individualized Education Plan (IEP) Meetings
8. Interpreting and Applying Medical Information to Classroom Programming
9. Informal Assessment of Academically Oriented Students
10. Formal Assessment of and Curriculum Planning for Academically Oriented Students
11. Informal Assessment of Multi-handicapped Students
12. Assessment of and Planning for Academically Oriented Deaf-Blind Students
13. Visual Development and Stimulation
14. Effective Utilization of Low Vision
15. Tactile, Kinesthetic and Vestibular Stimulation
16. Effective Development
17. Language Development and Communication Techniques
18. Cognitive Development -- Sensory Motor Period
19. Cognitive Development -- Project PAVE
20. Motor Development and Physical Education
21. Orientation and Mobility

TABLE II

22. Self-Help Skills (feeding, dressing, toileting, personal hygiene)
23. Activities of Daily Living/Independent Life Skills (cooking, shopping, cleaning, etc.)
24. Recreation and Leisure Time Activities
25. Career Education (Pre-vocational and Vocational Assessment and Planning)
26. Sex Education
27. Braille Reading Efficiency
28. Issues in Teaching Reading with the Optacon (Follow-up to USOE Training)
29. Media and Material
30. Current Status of Sensory Aids for the Visually Impaired
31. Current Research Regarding the Visually Impaired
32. Writing Individualized Education Plans (IEPs) for Visually Impaired Students
33. Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments

TABLE III: Summary of Total Responses to Topics to be Considered for the Conference

		1	2	3	4
Topic#	N*	(1) High Priority	(2) Important	(3) Low Priority	(4) Not Interested
1	205	35%	44%	16%	5%
2	204	34%	39%	14%	3%
3	202	27%	48%	20%	5%
4	205	50%	32%	15%	3%
5	204	36%	42%	20%	2%
6	205	61%	29%	8%	2%
7	204	41%	41%	15%	3%
8	204	43%	40%	15%	2%
9	199	23%	40%	29%	8%
10	199	29%	42%	20%	9%
11	198	42%	41%	14%	3%
12	191	25%	33%	26%	16%
13	203	53%	35%	10%	2%
14	203	66%	28%	5%	1%
15	197	53%	35%	9%	3%
16	179	43%	43%	12%	2%
17	200	55%	31%	12%	2%
18	197	47%	38%	12%	3%
19	172	28%	48%	20%	4%
20	203	37%	45%	13%	5%
21	204	44%	37%	15%	4%
22	201	40%	28%	26%	6%
23	204	37%	30%	27%	6%
24	201	32%	46%	20%	2%
25	203	53%	27%	17%	3%
26	203	30%	40%	27%	3%
27	198	26%	37%	26%	11%
28	186	22%	37%	28%	13%
29	196	33%	41%	22%	4%
30	205	38%	49%	12%	1%
31	207	44%	42%	11%	3%
32	200	36%	34%	20%	10%
33	199	44%	32%	15%	9%

* N=The Total number of responses to each topic. The number varies because of missing data on several questionnaires.

 = Top ten in category.

TABLE IV: TOP TEN HIGH PRIORITIES OF ALL RESPONDENTS
(N=207)

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	66	14. Effective Utilization of Low Vision
2	61	6. Needs of Parents with Visually Impaired Children
3	55	17. Language Development and Communication Techniques
4	53	13. Visual Development and Stimulation
5)	53	15. Tactile, Kinesthetic and Vestibular Stimulation
5)	53	25. Career Education
7	50	4. Funding Resources for Projects and Programs Related to Visually Impaired Students
8	47	18. Cognitive Development - Sensory Motor Period
9)	44	21. Orientation and Mobility
9)	44	31. Current Research Regarding the Visually Impaired

* Rankings are based on precise percentages, shown rounded here.

TABLE V: COMBINED RANKING OF TOPICS -
High Priority(1) and Important(2)
(N=207)

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	94	14. Effective Utilization of Low Vision
2	90	6. Needs of Parents with Visually Impaired Children
3)	88	15. Tactile, Kinesthetic and Vestibular Stimulation
3)	88	13. Visual Development and Stimulation
5	87	30. Current Status of Sensory Aids for the Visually Impaired
6	86	16. Affective Development
7)	86	17. Language Development and Communication Techniques
7)	86	31. Current Research Regarding the Visually Impaired
9	85	18. Cognitive Development - Sensory Motor Period
10)	83	2. Implications of an Update on Legislation Regarding Visually Impaired Students
10)	83	8. Interpreting and Applying Medical Information to Classroom Programming

* Rankings are based on precise percentages, shown rounded here.

**TABLE VI: HIGH PRIORITY OF CONFERENCE TOPICS
ACCORDING TO GEOGRAPHIC LOCATION**

**** UPSTATE (N=66)**

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	75	14. Effective Utilization of Low Vision
2	69	25. Career Education
3	65	4. Funding Resources for Projects and Special Programs Related to Visually Impaired Students
4	62	6. Needs of Parents with Visually Impaired Children
5	55	33. Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments
6	55	13. Visual Development and Stimulation
7	49	15. Tactile, Kinesthetic and Vestibular Stimulation
8	47	17. Language Development and Communication Techniques
9	44	21. Orientation and Mobility
10	42	23. Activities of Daily Living/Independent Living Skills

* Rankings are based on precise percentages, shown rounded here.

**Includes Albany, Schenectady, Buffalo, Rochester, Syracuse, Binghamton and other Upstate areas.

***** DOWNSTATE (N=141)**

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	61	14. Effective Utilization of Low Vision
2	60	6. Needs of Parents with Visually Impaired Children
3	59	17. Language Development and Communication Techniques
4	55	15. Tactile, Kinesthetic and Vestibular Stimulation
5	52	13. Visual Development and Stimulation
6	51	18. Cognitive Development - Sensory Motor Period
7	49	16. Affective Development
8	47	8. Interpreting and Applying Medical Information to Classroom Programming
9	46	31. Current Research Regarding the Visually Impaired
10	45	25. Career Education

***Includes New York City, Long Island, Westchester, Rockland, Orange and Ulster Counties.

**TABLE VII: HIGH PRIORITY OF CONFERENCE TOPICS
ACCORDING TO TYPE OF POSITION**

Special Class Teacher (N=35)

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAO</u>
1	77	14. Effective Utilization of Low Vision
2	73	15. Tactile, Kinesthetic & Vestibular Stimulation
3)	67	11. Informal Assessment of Multi-handicapped Students
3)	67	17. Language Develop. & Communication Techniques
5	65	13. Visual Development and Stimulation
6)	62	6. Needs of Parents with Visually Impaired Children
6)	62	18. Cognitive Development-Sensory Motor Period
8	59	8. Interpreting and Applying Medical Information to Classroom Programming
9	52	16. Affective Development
9	52	22. Self-Help Skills

Resource Room Teacher (N=20)

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAO</u>
1	62	14. Effective Utilization of Low Vision
1	62	31. Current Research Regarding the Visually Impaired
3	55	6. Needs of Parents with Visually Impaired Children
3	55	30. Current Status of Sensory Aids for the VI
5	52	8. Interpreting and Applying Medical Information to Classroom Programming
6	50	33. Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments
7)	48	4. Funding Resources for Projects and Special Programs Related to Visually Impaired Students
7)	48	5. Identifying and Utilizing Community Resources
7)	48	25. Career Education
10	38	13. Visual Development and Stimulation

Itinerant Teacher (N=64)

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAO</u>
1	73	14. Effective Utilization of Low Vision
2	63	25. Career Education
3	62	6. Needs of Parents with Visually Impaired Children
4	54	13. Visual Development and Stimulation
5	52	33. Conducting Staff Inservice Re: Needs of Mainstreamed Students with Visual Impairments
6	52	32. Writing IEPs for Visually Impaired Students
7	44	15. Tactile, Kinesthetic and Vestibular Stimulation
8	43	4. Funding Resources for Projects and Special Programs Related to Visually Impaired Students
9	43	31. Current Research Regarding the Visually Impaired
10	43	1. NY State Education Dept. Policies and Procedures Regarding the Visually Impaired

*Rankings are based on precise percentages, shown rounded here.

**TABLE VIII: HIGH PRIORITY OF CONFERENCE TOPICS
ACCORDING TO EDUCATIONAL BACKGROUND**

Bachelor's Degree/Bachelor's Degree Plus (N=57)

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	75	14. Effective Utilization of Low Vision
2	64	15. Tactile, Kinesthetic and Vestibular Stimulation
3)	63	6. Needs of Parents with Visually Impaired Children
3)	63	13. Visual Development and Stimulation
5	56	25. Career Education
6	54	17. Language Development and Communication Techniques
7	50	4. Funding Resources for Projects and Special Programs Related to Visually Impaired Students
8	46	33. Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments
9	45	29. Media and Material
10)	45	11. Informal Assessment of Multi-handicapped Students
10)	45	18. Cognitive Development-Sensory Motor Period
10)	45	20. Motor Development and Physical Education
10)	45	31. Current Research Regarding the Visually Impaired

Master's Degree (N=34)

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	71	14. Effective Utilization of Low Vision
2	70	6. Needs of Parents with Visually Impaired Children
3	62	13. Visual Development and Stimulation
4	61	18. Cognitive Development-Sensory Motor Period
5	61	25. Career Education
6	60	33. Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments
7	57	31. Current Research Regarding the Visually Impaired
8	57	11. Informal Assessment of Multi-handicapped Students
9	53	21. Orientation and Mobility
10)	50	15. Tactile, Kinesthetic and Vestibular Stimulation
10)	50	30. Current Status of Sensory Aids for the Visually Impaired

Master's Degree Plus (N=71)

<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	67	14. Effective Utilization of Low Vision
2	51	6. Needs of Parents with Visually Impaired Children
3	49	25. Career Education
4	48	17. Language Development and Communication Techniques
5	46	13. Visual Development and Stimulation
6	45	15. Tactile, Kinesthetic and Vestibular Stimulation
7	44	8. Interpreting and Applying Medical Information to Classroom Programming
8	43	16. Affective Development
9	43	31. Current Research Regarding the Visually Impaired
10)	42	1. NYSED Policies & Procedures Re: the Visually Impaired
10)	42	4. Funding Resources for Projects and Special Programs Related to the Visually Impaired

*Rankings are based on precise percentages, shown rounded here.

TABLE IX: HIGH PRIORITY OF CONFERENCE TOPICS
ACCORDING TO TEACHER CERTIFICATION

<u>Teacher of the Blind only** (N=31)</u>		
<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	69	6. Needs of Parents with Visually Impaired Children
2	67	14. Effective Utilization of Low Vision
3	66	8. Interpreting and Applying Medical Information to Classroom Programming
4	62	31. Current Research Regarding the Visually Impaired
5	58	25. Career Education
6	55	5. Identifying and Utilizing Community Resources
7	50	21. Orientation and Mobility
8	48	3. The Teacher's Role in Due Process
9	47	23. Activities of Daily Living/Independent Life Skills
10	47	17. Language Development & Communication Techniques
<u>Teacher of the VH plus other areas*** (N=77)</u>		
<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	75	14. Effective Utilization of Low Vision
2	61	13. Visual Development and Stimulation
3	59	25. Career Education
4	55	6. Needs of Parents with Visually Impaired Children
5	46	15. Tactile, Kinesthetic and Vestibular Stimulation
6)	45	4. Funding Resources for Projects and Special Programs Related to the Visually Impaired
6)	45	17. Language Development & Communication Techniques
8	42	1. NY State Education Dept. Policies and Procedures Regarding the Visually Impaired
9	41	11. Informal Assessment of Multi-handicapped Students
10	41	33. Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments

* Rankings are based on precise percentages, shown rounded here.

** Teacher of the Blind

*** Teacher of the Blind plus at least one other area of Special Education, Elementary or Secondary Education; Teacher of the Blind plus Special Education and Elementary Education; Teacher of the Blind plus Special Education and Secondary Education; or Teacher of the Blind plus Elementary and Secondary Education.

TABLE IX: HIGH PRIORITY OF CONFERENCE TOPICS
ACCORDING TO TEACHER CERTIFICATION

<u>Teacher of Special Education plus**** (N=15)</u>		
<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1	79	15. Tactile, Kinesthetic and Vestibular Stimulation
2	75	14. Effective Utilization of Low Vision
3	69	31. Current Research Regarding the Visually Impaired
4	67	11. Informal Assessment of Multi-handicapped Students
5	56	6. Needs of Parents with Visually Impaired Children
6	54	16. Affective Development
7	53	17. Language Development & Communication Techniques
8	47	18. Cognitive Development-Sensory Motor Period
9	44	20. Motor Development and Physical Education
10)	40	2. Implications of an Update of Legislation Regarding the Visually Impaired
10)	40	5. Identifying and Utilizing Community Resources
10)	40	22. Self-help Skills
10)	40	33. Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments
<u>Teacher of Elementary or Secondary Education***** (N=7)</u>		
<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAQ</u>
1)	71	7. Effective Parent Participation in IEP Meetings
1)	71	14. Effective Utilization of Low Vision
1)	71	17. Language Development and Communication Techniques
1)	71	32. Writing IEP's for Visually Impaired Students
5)	57	8. Interpreting and Applying Medical Information to Classroom Programming
5)	57	10. Formal Assessment of and Curriculum Planning for Academically Oriented Students
5)	57	13. Visual Development and Stimulation
5)	57	15. Tactile, Kinesthetic and Vestibular Stimulation
5)	57	25. Career Education
5)	57	30. Current Status of Sensory Aids for the Visually Imp.
5)	57	33. Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments

* Rankings are based on precise percentages, shown rounded here.

**** Teacher of Special Education only/Teacher of Special Education plus Elementary Education, or Teacher of Special Education plus Secondary Educ.

*****Teacher of Elementary Education or Secondary Education.

TABLE X: HIGH PRIORITY OF CONFERENCE TOPICS
ACCORDING TO WORK EXPERIENCE

<u>Less Than Five Years (N=64)</u>		
<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAO</u>
1	70	14. Effective Utilization of Low Vision
2	67	17. Language Development & Communication Techniques
3	61	13. Visual Development and Stimulation
4	56	6. Needs of Parents with Visually Impaired Children
5)	55	11. Informal Assessment of Multi-handicapped Students
5)	55	15. Tactile, Kinesthetic and Vestibular Stimulation
7	54	21. Orientation and Mobility
8	52	18. Cognitive Development-Sensory Motor Period
9	50	25. Career Education
10)	48	22. Self-Help Skills
<u>Five to Ten Years (N=33)</u>		
<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAO</u>
1	63	18. Cognitive Development-Sensory Motor Period
2	61	4. Funding Resources for Projects and Special Programs Related to the Visually Impaired
3	56	14. Effective Utilization of Low Vision
4	56	16. Affective Development
5	55	25. Career Education
6)	50	13. Visual Development and Stimulation
6)	50	15. Tactile, Kinesthetic and Vestibular Stimulation
6)	50	17. Language Development & Communication Techniques
9	49	6. Needs of Parents with Visually Impaired Children
10	42	31. Current Research Regarding the Visually Impaired
<u>Ten Years or More (N=46)</u>		
<u>Rank*</u>	<u>Percent</u>	<u>Number and Title of Topic on NAO</u>
1	70	6. Needs of Parents with Visually Impaired Children
2	65	14. Effective Utilization of Low Vision
3	54	4. Funding Resources for Projects and Special Programs Related to the Visually Impaired
4	51	15. Tactile, Kinesthetic and Vestibular Stimulation
5)	50	1. NY State Education Dept. Policies and Procedures Regarding the Visually Impaired
5)	50	8. Interpreting and Applying Medical Information to Classroom Programming
7	47	16. Affective Development
8	47	31. Current Research Regarding the Visually Impaired
9	45	25. Career Development
10)	44	2. Implications of an Update on Legislation Regarding Visually Impaired Students
10)	44	7. Effective Parent Participation in IEP Meetings
10)	44	13. Visual Development and Stimulation

* Rankings are based on precise percentages, shown rounded here.

THE CONFERENCE BEGINS



Roger Walker, Director of the New York Institute for the Education of the Blind, welcomes participants in the opening session of the Conference.

CONFERENCE PARTICIPANTS



Institute Director, Mr. Walker, standing on the right, viewing one of the many exhibits at the Conference.



Career Education Panelists including Pre-Vocational Coordinator Frank Simpson (second from right).



Staff members Elsa Barquet, Regina Timchishen and Adeline Manetta-Gollub at informal discussion.



Bernadette Kappen, Educational Supervisor at the Institute, was a recorder at one of the Concurrent Sessions.



Teachers Laurie Cassels, Tom Miller and William Richards (l. to r.) look over one of many articles available from exhibitors and displayers at the Conference.



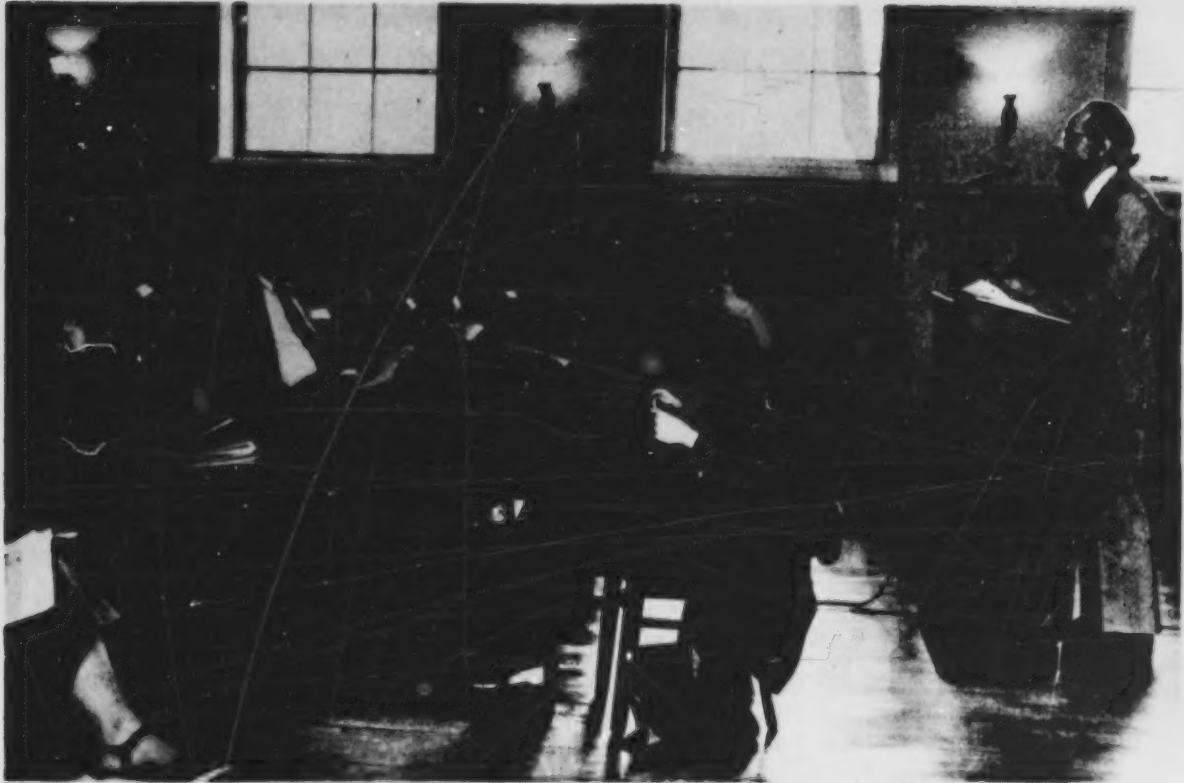
Optometrist, Dr. Bruce Rosenthal, Mr. Glenn Thompson of Batavia, and Bonnie Hallsberg, Institute O&M Coordinator, exchange thoughts at informal discussion.

CONFERENCE PROCEEDINGS

AND HIGHLIGHTS

INTRODUCTION

John San Fratello, Associate in Education for the Visually Handicapped, New York State Education Department



It is a pleasure for me, in this, the International Year of the Child, to welcome each of you, on behalf of the Office for the Education of Children with Handicapping Conditions and my Planning Committee Colleagues.

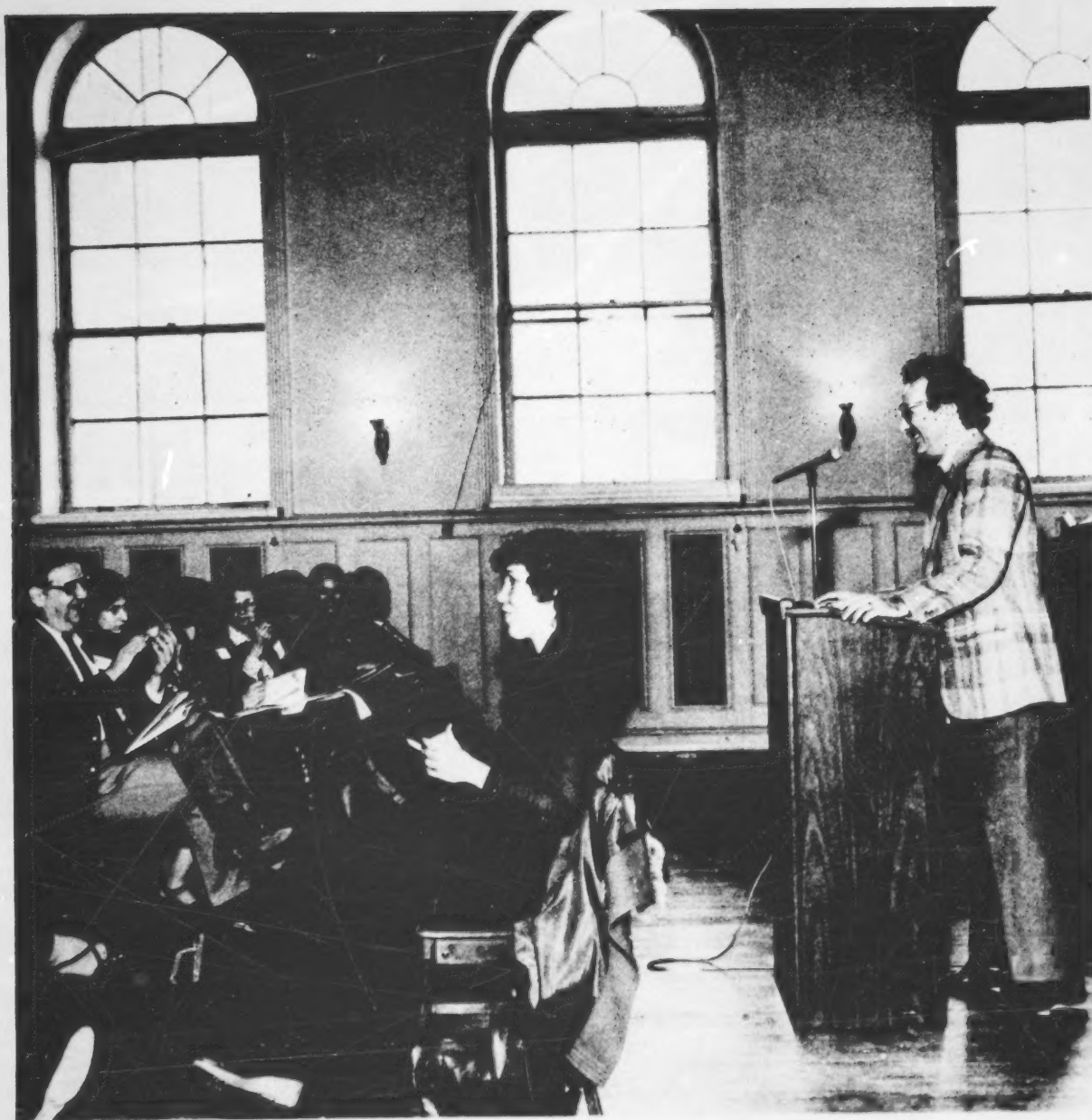
This first Conference on Educational Issues of Students with Visual Impairments, of what is hopefully many subsequent annual conferences, was developed in direct response to those needs expressed on the assessment questionnaires you received and completed. It was most rewarding for the Planning Committee to receive the overwhelming responses to the questionnaires in such a short turn around time, and, to note the many helpful and encouraging comments. Responses to the questionnaires were received from diverse geographic locations across the entire state, from parents, teachers, social workers, psychologists, administrators, various members of other professional disciplines, as well as from consumers. It was immediately evident that there was a unanimous agreement on the topics that needed to be addressed. This knowledge made for a relatively simple task of initial planning.

However, during the interim periods of time over the past year when the Planning Committee did not formally meet, numerous decisions, revisions of plans and added arrangements had to be momentarily met, particularly during these final weeks and days before the Conference. It must be gratefully acknowledged that each of us is here as a result of the donation of time, effort and generosity by Mr. Walker and the entire Institute staff. A lions share of our gratitude must appropriately single out two special individuals for their enormous contributions of time and organizational efforts: Virginia Lapham and Rosanne Silberman.

Describing the adversity in the development of services for deaf-blind persons, Helen Keller stated, "While they were saying among themselves it cannot be done, it was done." Those of us in the field of education for visually impaired students have also faced similar difficulties. Despite adversity, a broad spectrum of educational services were being provided during an entire period of time in the history of education of handicapped children when many of you did not have recognition of your professional status, the benefit of support from federal and state mandates, P.L. 94-142 and Chapter 853 of the Laws of 1976, and the highly supportive encouragement of Department officials like Lou Grumet, Assistant Commissioner of the Office for the Education of Children with Handicapping Conditions.

It is hoped during the next two days, as a result of our newly gained knowledge and informal association with one another, that additional doors will be opened to further broaden the educational vistas for the visually impaired students we serve. The future of these children is our most precious heritage. The greatest gift we can give to them is the very best of our professional selves. This is what the Conference is all about, and I am confident that I can speak on behalf of the Planning Committee members and Lou, whom I now introduce to you, that it is indeed a privilege to share this time with you.

STATE AND FEDERAL POLICIES



Louis Grumet, Assistant Commissioner, Office of Children with Handicapping Conditions, giving a keynote address at the Statewide Conference on Friday morning, April 6, 1979.

OVERVIEW OF NEW YORK STATE POLICIES AND PLANS REGARDING STUDENTS WITH VISUAL IMPAIRMENTS

I want to talk about a priority this morning that was not listed as one of yours and should be. This priority is finding out why, when in 1975 and 1976 the Congress and the New York Legislature passed a veritable revolution which said that every child who happens to have a handicapping condition of whatever sort or variety should be treated like every other child and indeed should have the same rights and privileges, why we're entering the 1980's and that hasn't become a reality. It's easy to say that it's because there's not enough money. I don't believe that.

I believe that we can always use more money. In the State of New York we are spending in excess of \$800 million this year to educate children with handicaps. We're spending more in this state than the U.S. Government is spending nationwide. We are not doing what we are doing in the state of New York because of the Federal legislation P.L. 94-142. We should make that clear. P.L. 94-142 has many very good procedural due process elements, but the substantive elements came from the New York State legislature and from the Board of Regents. What we are trying to do in New York State is to make them all work, and where they are silly, to change them. The basic problem is, however, not money and not regulations. It's know-how.

Those who drafted P.L. 94-142 and the New York version, Article 89 of the Education Law (also known as Chapter 853) and its Amendments, assumed that every child with a handicapping condition is similar to one who lives in Nassau County and is blind. The debates, the legislative history, and the theory assume that every child could be mainstreamed with proper education and if the student is not in the least restrictive environment in the most appropriate placement, the parents will go to an Independent Hearing Officer and then to the Commissioner of Education and they will exercise their rights to throw the school districts up against the wall and beat them up. And the parents are going to win.

What we didn't know and didn't adequately consider was that the highest incidence of handicapping conditions is found in our center cities where parents are often not well-informed and do not understand the nuances of these laws and regulations. Some of the parents can't read and some children have been orphaned or abandoned and do not have parents to speak for them.

In the great city of New York, with the school district that educated Europe as it came through, we have over 14,000 children with handicaps on a waiting list for evaluation and placement, in total violation of state and federal laws that are several years old. The parents don't know how to use the system and the system is almost structured against them. Practically every way in which we try to help, such as the Commissioner's Reilly-Reed Decision, we end up developing an upper middle-class solution to a lower middle-class problem.

CHILDREN WITH EMOTIONAL PROBLEMS: SOCIAL CAUSE AND PROBLEM

Growing numbers of children with handicapping conditions are emotionally disturbed. From time immemorial until 2¼ years ago, the average profile of the murderer in New York as in the nation at large, was a male in his mid-twenties who killed his wife, his lover, his child or his next of kin while under the influence of alcohol. Today, according to the Division for Youth, it's a teenager involved in an "at random" murder. An "at random" murder is committed by the kid who is so alienated that he stands on a railroad trestle and shoots at passers-by.

The Legislature has given us two options to deal with these children. One is to identify them early when their problems are nascent, and to treat them to the best that special education and psychological services have to offer. The other is to wait until they do something and put them in jail for life. A New York State Assemblyman once indicated to me that it's us who ought to go to jail because we failed that child. We failed that child when he was young and had a vision problem or a hearing problem or a language problem. When he was older and had a clear learning disability, we failed him again. And by the time he had what we call "emotional overlays", if he lived in Westchester County, or "emotional disturbance", if he lived in New York or Buffalo, and a "bad kid", if he lived in Harlem or El Barrio, we tried desperately to get to the stage where we could throw him out of school if he hadn't already left by himself. Now he may spend the rest of his life in jail for crimes that we've committed. I tell you that very seriously because that's where P.L.94-142 isn't working. If we don't give children the education and services they need before they become seriously emotionally disturbed, all of society will suffer.

When we sit in this great city of New York knowing about the thousands of handicapped children on the waiting list, we need to ask ourselves whether the difference between New York's waiting list and Buffalo's waiting list is the fact that New York was stupid enough to put it on paper? We've just done citywide surveys in Buffalo and Yonkers and find them better than New York in some respects and worse than New York in others. I'm dwelling on these three cities because 40% of our handicapped children are located there. If we can't help them, we can't help anyone. If the only children we are going to help are those who can afford to be helped without us, if P.L. 94-142 is, as a staff member says, "the Education of the rich and powerfully connected handicapped children Act", then indeed we have failed!

If we have due process procedures which work magnificently on Long Island, Westchester, Tonawanda or Delmar, but do not work on the corner of Lenox Avenue and 123rd Street in New York City, we have understated the issue. We've got to find out where we're going wrong and how to reach those children.

LABELING OF CHILDREN INCONSISTENT

What my office is trying to do and what the Legislature is trying to do is piece by piece, step by step, fill in the gaps in the system we created. It grew from a system years and years ago that indeed served students who were blind or deaf. It then grew to serve some of the retarded students and then more of the retarded students and then grew to serve children with neurological impairments and those who were emotionally disturbed and most recently learning disabled children. It grew like topsy without overall planning. Privileges built into some systems conflicted with those in others. Children are often treated differently based upon their handicapping condition or their geographical area. It doesn't make any sense.

We are seeing, as of last year's figures, that the number two or three handicapping condition below the Tappan Zee Bridge was emotional disturbance. It was virtually non-existent in New York City. We should stop labelling children to get special services funding. We should stop labelling children who are truly emotionally disturbed as learning disabled, so that parents won't have to face the stigma. Indeed, nobody should have to face the stigma.

If you read the New York definition of emotional disturbance, it indicates that a child who is emotionally disturbed is a child who someone thinks has an emotional disturbance. It doesn't say anything about anybody. If you don't think that's serious, read the Lora Case, where Judge Weinstein in Federal District Court indicated that in the great city of New York, black emotionally disturbed children go to schools which change their names every year or so to improve their image. They were the SMED Schools, the Six-Hundred Schools or Emotionally Handicapped Schools, at varying points in their lives. And by the way, they aren't bad schools, and I think we'd better say that nakedly; they are minority schools, 99 percent. The same child in the same school district who happens to have a different color skin goes to a private school. That's no way to make a distinction, and has been ruled illegal by Judge Weinstein. We shouldn't need courts to tell us that.

COURTS REVIEWING SPECIAL EDUCATION IN NEW YORK CITY

We are in Court right now with two cases that may be the biggest in the nation. The case of Jose P. and the case of United Cerebral Palsy are virtually identical. The reasons for those cases are because our department has gone into the City of New York as we have gone into Buffalo and other areas and said, "Hey guys, you're not up to snuff; there are laws and regulations and you'd better start following them." And for the first time we have figures of how far out of compliance the city is on that issue. Now we have two plaintiffs who are suing the City of New York Board of Education, the New York State Department of Education, and yours truly, and saying, "Why are you out of compliance? Let's get a Special Master."

Do you know what a Special Master is? In bankruptcy proceedings, when someone is incompetent, a Special Master is appointed to take over the proceedings. I have great philosophical problems in the appointment of a Special Master to take over a democratically elected city government such as occurred in 1975 in Yonkers and in the appointment of a Special Master to evaluate and monitor New York City's Special Education Programs. That means we failed! That means that as tough as the State has been, they don't trust us. They don't think we have what it takes to make the City do what we want it to do. That's a guilt that I bear, the State bears, the City bears, we all bear.

If we prove that we are not capable of educating children with handicapping conditions in a generic sense, if we can't even get them into programs and make sure those programs have qualified teachers, the right classroom size, the right age ranges and the right IQ ranges (which are supposed to be minimal), then indeed all other matters at this conference are irrelevant and esoteric. While we are well serving the blind and visually impaired children that we have located, we're not serving thousands of handicapped children that we haven't found. And we are underserving many children that we have found, because we don't know how to serve them or we don't know how to take our knowledge and turn it into reality. We need your help.

CLASSIFICATION AND STANDARDS PROJECT

In our office, we are desperately trying to come up with a plan that was mandated by the Legislature that could bring about another great revolution, not quite as great as P.L. 94-142 and Chapter 853, but the impact may be greater. That plan would be to shift our categorization of handicapping conditions from one based on a medical model to one based on educational services that children need. It would also shift our financial resources in the same direction. We are working on a de-classification project because we believe it might get to the root of some of this, but not all of it. It won't get to the racial and class problems I mentioned.

Saying that a child is blind tells us nothing about that child's educational needs. Blind children who get mobility training and learn how to read through braille or optacon or tape cassette or readers, or however that child does best, can do very well in the least restrictive environment as was intended by the legislation. In the last ten years we have seen a dramatic shift of the blind and visually impaired population. Why haven't we seen that with children who are educably retarded, emotionally disturbed or neurologically impaired? Why are they still being segregated? Why do our funding sources pay double weighting for certain physical handicapping conditions such as blindness, deafness, orthopedic impairments and emotional disturbance? Some blind children cost peanuts to educate, others cost twenty or thirty thousand dollars a year and that's the same with all handicapped children. We can't do that anymore unless we know the actual costs.

After this many years have gone by, we must stop telling the Legislature, "We don't know how much it costs to educate children with handicaps." It's too late to say that. It's time to tell the Legislature what it really costs to educate children with handicaps. I suspect, by the way, that it's costing less than we think. People talk about the average handicapped child in this state costing \$10,000 a year to educate and yet \$900 million divided by the 200,000 children with handicaps only comes out to \$3400. And the average child without a handicapping condition costs \$2400.

The Legislature has said rather articulately, "We're willing to give money and we're willing to give more money. We've gone from a very small base four or five years ago to an \$800 million budget this year, and we're willing to go higher but we want to know that the money is being spent on services for these children."

The Legislature has given the Department until November 1st to come in with a plan to restructure the funding mechanism and the program mechanism, so that funding will no longer be a basis for placement. In the best of all possible worlds and the best of all fiscal conditions, the school district will be reimbursed the excess costs of serving a child with a handicapping condition, regardless of whether the child is served in a public or in a private setting. Placements should be made on the basis of children's needs, not on fiscal considerations. It's about time we restructured our fiscal system in some meaningful way - so the categories by which we fund are the categories by which we serve children, not the categories by which we identify children.

Once a Committee on the Handicapped establishes that a child referred to them has a handicapping condition, and, with the parents, identifies the services and program that best meets the needs of that child in a written individualized education program (IEP), we should be able to pay the school district on the basis of the program, not on the basis of the handicap.

We are currently asking school districts about the costs of educating children in resource rooms, in special classes, and in classrooms with special services. This summer we will then be learning something we've never learned before in this state or in indeed the country, and that is, what does it really cost? I have fullest confidence that we can make a very fine case and the New York State Legislature will be sympathetic to support of these programs.

MONITORING PROGRAMS A TOP PRIORITY

One of the things we have done to increase Legislators' confidence, and I hope yours, is the monitoring we've undertaken. We have basically said that the top priority of our office is to monitor, first to monitor programs for children with the severest disabilities whom we define as those in private schools at public expense, and then to monitor programs in the cities of New York and Yonkers and Buffalo and other areas where we think there are problems that need to be corrected, or where there are exemplary programs to see what we can learn from them.

We have seen public school programs this year in which one half of all handicapped children are placed. I'm very proud of that. We have also seen all 265 private schools, which does not include the 10 state-supported schools for the deaf and the blind known as the 4201 schools. We see them all the time. Among the private and the state-supported schools in New York, we have found some of the best schools in the nation. There is no question about it, some of the schools are magnificent.

We also send some of our children to magnificent schools out-of-state. The rumor that I am against all out-of-state placements is not true. I am against bad out-of-state placements where children are kept in conditions which would be illegal if they were in the state of New York. We found a situation in one out-of-state school where they did what they referred to as "negative hierarchy of aversive conditioning" and what we call mistreating children and leaving them with bruises and bloodsores that we considered to be criminal. We found monkey cages in another school, and in a third, a program for emotionally disturbed children where they allowed isolation for up to 21 days. If that didn't sink in, let me say it again, an isolation program up to 21 days. In our criminal justice system, you cannot have a three-time murderer in Attica in isolation for 21 days without a judge's order. We don't happen to subscribe to these philosophical concepts; indeed, we won't give them any more money so we will not have to prosecute them. We have removed 32 schools from our approved list because of programmatic and fiscal abuses. We're trying desperately to show that we, the educational system, can weed them out ourselves, so we don't drag down the great schools that exist with the bad schools.

Nor by the way, are we saying any more to students with moderate learning impairment that if

your parents are rich enough you can go to a private school at public expense. We have marvelous schools where parents certainly have the option of putting their children, but not under the guise of being handicapped. If those children are really emotionally disturbed, as some of them allegedly are, then they are not getting the services they need. And if they are really moderately learning impaired or less, then they ought to be in a resource room setting in the public sector where they can learn how to deal with the rest of society and not be sheltered in Cape Cod in some residential placement. I would say basically that it is not the least restrictive environment and we are not permitting any further funding of new schools for that population.

If the education system and the education department cannot take responsibility seriously enough to make sure that we don't have ripoffs in the name of handicapped children, if indeed, what we're doing is just getting children out of sight, then believe me, a special prosecutor will do it for us. I don't believe we need one. I believe we've shown that we can protect the reputation of the good private schools; more importantly, we can protect the taxpayer, and most important of all, we can protect the children. Thousands of children in the city and in the state need private education because the public sector just can't develop the types of unique and intense programs these particular children need. We must be able to say to the parents of these children, to each child's school district, and to that child, "We have seen that program and it provides good education."

WAYS OF TAKING COMPETENCY EXAMS BASED ON IEP's

As a whole, programs for blind and visually impaired students have prepared these students, early and intensively, to move out into the world. We have not done that with the bulk of our handicapped children. As the new Regency Competency Examinations take effect two years from now, we are going to be discovering the truth of what I just said. Regent Clark once indicated to me that it is his belief that giving a child a piece of paper which implies that the child has received something that he or she did not receive, is not helping that child. This is something that we have to come to grips with. Pieces of paper which say Diploma means the child must have finished 16 credits in a registered secondary school and have passed the Competency Examination. You cannot give a diploma to any child who has not jumped through these hoops.

The Regents allow the handicapped population many different ways to take these competency exams. In the past, blind and visually impaired children could take the reading exam in braille or large type, when many of these children had learned to read with readers and cassettes. It seemed ridiculous to teach them one way and then tell them to learn braille in order to take the exam. The Regents now allow readers for the reading test for children with handicapping conditions whose Individualized Education Plan (IEP) states specifically that the child needs this specific modification in the examination method and has always needed it. I would hope that we do not discover that children went through eleven years of not needing a reader and suddenly in the senior year find that they would have done better with a reader. That's not exactly what we or the Regents had in mind. You could do it. But you could also cause that provision to be eliminated.

The only other certificates we now permit are for children who have been properly identified as having a handicapping condition and who meet the criteria contained in Sec. 200.2b2 of the Regulations of the Commissioner, of being educably retarded. A popular misunderstanding in the press is that this means it is only for educably retarded children. Let me tell you that is not what the Regulations say. We worked very hard on that word. It means a child who has a handicapping condition, and who tests out 1.5 standard deviations below the mean. Many autistic children, many emotionally disturbed children, many neurologically impaired children, many deaf children, and I suspect, many less blind children would test out that way. You do not have to be classified as retarded but you do have to be classified as handicapped, and you do have to meet the criteria of being retarded. This was the only exception the Regents would make to pieces of paper which do not say Diploma. And you can only give a Certificate of Achievement or anything else to a child who is properly identified as having a handicapping condition, has completed his or her IEP, and who tests out as being more than 1.5 standard deviations below the mean and the other criteria of Regulation 200.2b2. I urge you to pay very specific attention to those whom we cannot give pieces of paper any more. That, by the way, interestingly, outlaws the kindergarten and eighth grade diplomas. This is the law of the State of New York and a piece of paper that is given contrary to that law can be revoked by the Commissioner of Education. I cannot tell you how important that is and once again how important the IEP is.

The Regents are taking the IEP terribly seriously. I hope that everybody else starts taking it

seriously. We're coming down tougher and tougher on that. The IEP in the State of New York is becoming what it is intended to be--the base line document describing the education of a child with a handicapping condition: what the goals are and what the objectives are. Please make sure the IEP's do what they are supposed to do because the intertwining of that system along with one other issue will have an impact on you.

SED NEGOTIATING IMPORTANT NEW BILL

The other issue is one which I consider to be of utmost importance. I've spent many hours the past week flying back and forth to Albany negotiating a bill which would assure that a child in a residential program receives appropriate educational services whether he or she is placed there by the Committee on the Handicapped, the Social Service Commission for non-educational purposes, or the Division for Youth or Family Court. It will give the Education Department the front line responsibility to set the tuition rates, to assure that those educational services are provided the same as if the child were in the public school system or in a private school funded by the public sector. I cannot emphasize enough the importance of this bill.

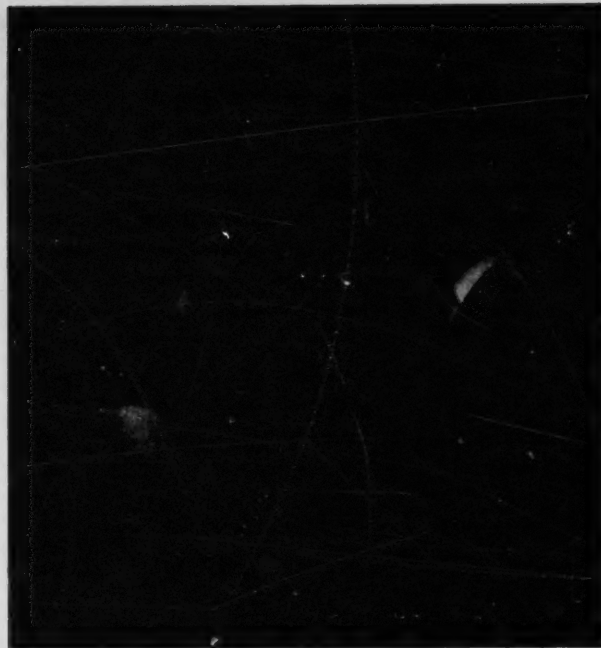
I heard recently about three deaf-blind children who were placed in a nursing home where they vegetated. And I can assure you that they are going to soon be out of there. We have some excellent deaf-blind programs in this State, and the fact that those children, in this day and age, are in a nursing home is not to be believed. We must close that gap in our system.

We must provide a role to make sure that every child in the state who has a handicapping condition or who is at risk of having a handicapping condition gets the type of screening and then the type of service he or she needs. We must make sure we're up to it, and in the course of this, to increasingly see children, who several years ago were and even today are in private settings and BOCES, go into the public system. Children who weren't anywhere or vegetating in nursing homes or in developmental centers, will tomorrow be in the private settings and in the BOCES, many in residential programs.

We are being asked to do what I think we were set up to do and that is to educate everybody, not just those who learn quickly and easily and cheaply, and not just those whose parents are articulate enough and wealthy enough to make us do it. There's a whole new world out there for the education system.

FOOTNOTES

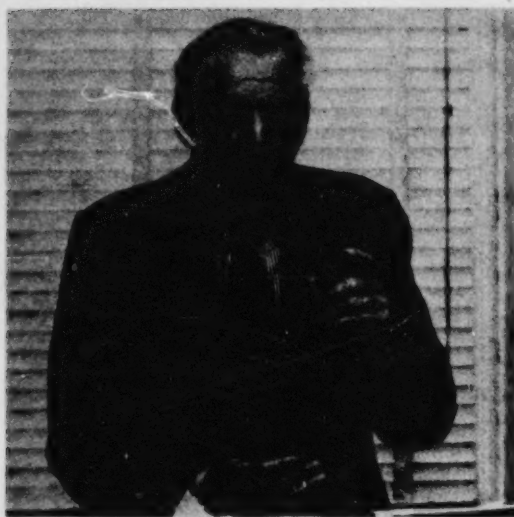
1. Reilly Reid v. Board of Education, New York, (1971).
 2. Lora v. Board of Education, New York (1978).
 3. Jose P. et al v. Gordon M. Ambach et al, New York (1979).
 4. United Cerebral Palsy of New York City Inc. v. Board of Education, New York (1979).
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Following his keynote address, Mr. Grumet greets an NYIEB student (above) and talks with teachers attending the Conference (below).



ADVOCACY FOR STUDENTS AND PARENTS



Harold Unterberg
New York State Advocate
for the Disabled

The Office of the Advocate for the Disabled was established in 1977 by Governor Hugh Carey. The initial purpose of the office was to identify and help to realize some of the recommendations that resulted from the White House Conference on Handicapped Individuals held in May, 1977.

The State Advocate's office is an independent state agency which has a unique responsibility to help make the State Government more responsive to the needs of the 2.5 million citizens with disabilities. Providing equal opportunities enriches all of society in untapping resources and abilities that benefit all of us. The office has 14 staff members around the State listening and getting input from disabled persons, from parents and from professionals. They are trying to find out what the various situations are in regard to persons with disabilities so as to begin to effect some kind of change.

In order to assist persons with disabilities to enjoy the same rights, privileges and benefits of persons without disabilities, the office functions in the following ways.

--Acts as a focal point in providing information, assistance and guidance on rights, benefits and services to persons with disabilities and their families.

--Takes complaints of individuals to the various commissioners and representatives which exist in the State and to provide equal access to persons with disabilities.

--Provides input to the Governor on issues related to the needs of persons with disabilities and help to develop policies to meet these needs.

The Office of the Disabled attempts to avoid the kind of fragmentation which so frequently happens in getting services for both children and adults with disabilities. The position is taken that when individuals fail to get services it is often because of blockages that may occur at any level of government. The Advocate's office then attempts to interface with all levels of government in order to unstop any blockages and then facilitate the flow of various kinds of services.

When complaints submitted by individuals have policy implications for the State, the Office will present this information to the appropriate department or section of government and will also become involved in an advocacy role if needed in a particular situation.

In attempting to disseminate information that will be helpful to persons with disabilities, the Advocate's office plans to come out with a book in two to three months (the book is completed and in the process of publication) which consolidates all of the laws related to persons with disabilities. It should be a very valuable document that includes state laws such as Chapter 853 of the Education Law, federal laws such as P.L. 94-142, the Education of All Handicapped Children Act of 1975, Section 504 of the Rehabilitation Act of 1973 and other civil rights legislation. This compendium will be put together in such a way that not only lawyers but other people who have an interest in legislation can make use of it.

A toll-free telephone and teletype service exists that may be utilized for information, complaints, referrals and general assistance to people with disabilities. The numbers are:

New York City 212-938-0186
Elsewhere in the State 800-522-4369

A TTY has been installed for persons with hearing impairments. TTY is a special teletype service enabling persons who cannot communicate by voice to do so via a tele-typewriter. The same telephone numbers connect with the TTY system.

Teachers and other professionals working with visually impaired students are encouraged to let the Office of the Disabled know what kinds of problems their students are having which may require advocacy. They are also encouraged to call the Office at any time for further information and assistance.



Mr. Unterberg answers audience questions following his presentation.

BEH PROJECTS AND PROGRAMS RELATED TO STUDENTS WITH VISUAL IMPAIRMENTS

Josephine Taylor, Project Officer, Division of Personnel Preparation, Bureau of Education for the Handicapped (BEH), Health, Education and Welfare (HEW)



My presentation will focus on programs and sources of funding from the Bureau of Education for the Handicapped (BEH) which sift down to visually handicapped children and you. The Bureau does not fund programs for the visually impaired who comprise 95% of the population, but for children who have such a severe visual impairment that they are handicapped in their education.

The programs that you are most apt to be interested in are the ones that are supported through discretionary funding. All of these are highly competitive; thus, I suggest that you first get some good advice on how to write a proposal. It is one of the most disheartening things in my job to reject programs that I know are good but who submit poor proposals which makes funding them impossible. It seems that some applicants do not read. They do not read what the proposal that they are submitting is supposed to be for, and so they send it into the wrong place. They do not read what they are supposed to include in the proposal, so they leave out very important things. Some people think that it is an effort to practice their rhetoric. The less rhetoric the better because people who are reading hundreds of proposals really do not care what a good writer you are; they just care whether you know what you are going to do and that you can put it down in simple language that everybody

understands. Do not try to impress the readers with your knowledge of professional terminology regarding the visually handicapped; they will question only whether you really know what you want to do. All the proposals sent to the Bureau are reviewed by a panel and we have panels of peers taking place all year long. In most cases, there are at least three people who read the proposal and report about it to the panel. The readers then get questioned by the panel on points in the proposal that need clarification.

Programs, including the dates when the proposals are due, are listed in the Federal Register. If you do not have the Federal Register in your school, you will certainly find it in your local library. It is published daily and includes practically everything that goes on in the whole Federal Government. Once a year it lists all of the discretionary grant programs funded by the U.S. Office of Education. Last year the list was in the August 23rd issue and I believe it will appear around that same time this year. Be on the watch because you may find some very interesting requests for proposals or announcements regarding proposals.

Another listing of Office of Education programs may be found in American Education. It contains many interesting articles and costs only \$11 a year. In the March issue this year there is a complete listing of the programs, including the purpose, the type of assistance, the legislation under which each is authorized, who may apply and where to apply. You then have to wait for the Federal Register to find out when to apply.

Let's now consider some of the types of programs that this would include. The Bureau is divided into four divisions. They are:

- 1) Division of Assistance to States
- 2) Division of Media Services
- 3) Division of Innovation and Development
- 4) Division of Personnel Preparation

(See Appendix III)

DIVISION OF ASSISTANCE TO STATES

The Division of Assistance to States has about a billion dollars annually which, according to formula funding, is sent to the fifty State Departments of Education on the basis of the populations they are serving. It has the largest amount of money of any one division because it must provide funding for every handicapped child who is known to an education agency. There are certain limitations related to each state's ability to conform to the law. The portion of these funds going to visually handicapped children is small because they are a small proportion of the total handicapped population.

Funding is divided into two parts: Part B of P.L. 94-142, which is for school-age children attending their local school or for pre-school children in educational programs; and P.L. 89-313, which is money that is funded through the state to state-supported programs. This includes, as far as visually handicapped children are concerned, children who are in residential schools for the blind and in some cases, in day schools for the blind or visually handicapped. In certain states such as Delaware and New Jersey, where programs for visually handicapped children emanate from state agencies, federal funding is channeled to the Commission for the Blind and Visually Handicapped. Some of the formula funding is also filtered to Regional Centers for services to deaf-blind children.

DIVISION OF MEDIA SERVICES

The Division of Media Services is funded under Part F of PL 94-142. Funded projects in this area that pertain to media for use with visually handicapped include a variety of activities. For example, a doctoral student at Ohio State, under the direction of Dr. Sam Ashcroft, was funded for doing his dissertation on "Developing Methods for Faster Reading with the Optacon." Ashcroft has also been involved in another piece of research with the Digibrailler, the paperless braille machine from France. He has received an extension on this project because he could not get the machine on time. This Division has funded the American Foundation for the Blind to develop a series of slides and a film regarding visually handicapped children in the least restrictive environment. I hope this will be available by the beginning of next year. I think it is still out for evaluation.

The Division has also funded the Optacon dissemination program. The Bureau's attitude toward future funding of the Optacon is that we do plan to continue funding for Optacon training in university programs both in-service and pre-service. We will continue funding Telesensory for a year and a half or two years on a limited basis. We have developed a system whereby equipment is loaned to students and when a student finishes high school, it is transferred to someone else.

The Division has also provided some funding for Recordings for the Blind to prepare materials for students who are below college level. This was started by the state of Connecticut who paid Recordings for the Blind to record secondary level textbooks. The Bureau then expanded funding to this facility.

DIVISION OF INNOVATION AND DEVELOPMENT

The Division of Innovation and Development is under Part C of PL 94-142. One of its major thrusts is research. There are three types: field initiated, student research and directed research.

Field initiated research is just what it says: people in the field want to do some research on a subject and they apply for a grant. The Division always has about five times as many applications as it is able to fund. We have been very fortunate in that a lot of field initiated research projects have been funded in the area of the visually handicapped. In fact, the Division thinks that the visually handicapped have been over funded. What it really means is that if you take the number of visually handicapped children and compare it to the total number of handicapped, we're over funded; that is, we get more than our share of the money. But then, of course, if you consider the severity of the handicap as compared to some others, we are under-funded. Examples of field initiated research which we have funded are the American Printing House for the Blind for the development of the Utilization of Low Vision Kit which Dr. Barraga will speak about later. Another example is the funding of University of California at Berkeley for individualized science materials for the visually handicapped, a follow-up of Science Activities for the Visually Impaired (SAVI).

The area of student research has been going for a couple of years and is really quite exciting. A limited number are funded and two of those currently funded are in the area of the visually handi-

capped. Carolyn Weill, a doctoral student in Dr. Geraldine Scholl's program at the University of Michigan, is funded to study "Ultrasound Used as an Environmental Sensor for Blind Infants", using an adaptation of the sonic guide to help blind infants get accustomed to their environment and locate things. It's fascinating. A similar type of research, supported in part from federal funds, is being conducted in the state of Virginia with a larger group of children.

Directed Research is an area in which the Bureau has indicated an interest in developing research and in which we do not have many projects for the visually handicapped, partly because we do so well on the field initiated research. We do have one project which is for research and development of a text to speech reading machine for the blind, awarded to Telesensory. We also have been funding the Kurzweil machine.

The Division of Innovation and Development also funds direct service programs to handicapped children. One example is an early childhood program in the area of the visually handicapped out of a public school system in Michigan. You may have read two of their publications which are delightful. They are "Get A Wiggle On" and "Move It", both excellent for parents. Infant intervention is something in which we have not had enough activity and I think that all of us recognize that for all visually handicapped children this is an extremely important area. We seem to be lucky if we start with children when they are three or four years old and unfortunately I'm afraid that most of them are not getting any service until they get to school. We do fund early childhood programs and I urge any people who are interested in starting a program, or who have one and are interested in expanding it, to apply for funding.

Another area in which there is funding is the severely handicapped, the definition of which is in the Federal Register. In the Bureau we mean really severely profoundly handicapped children. We certainly need to do a lot in that area. One of the programs presently funded is under Randall Harley at Peabody College, now part of Vanderbilt University, on "Mobility for Severely Multiply Handicapped Youngsters."

DIVISION OF PERSONNEL PREPARATION

The Division of Personnel Preparation is Part D of PL 94-142. Any non-profit agency is eligible to apply. This includes local school districts, private

non-profit agencies, any public agency, colleges and universities, and State Education agencies.

I will speak first about State Education Agencies because I think here is where you might find some way of carrying on this exciting all state workshop you have started. The Massachusetts State Education Agency has a component of its proposal that has to do with interstate manpower planning for the New England states and New Jersey. A sub-component is for in-service on a regional basis for teachers of the visually handicapped. This is partly funded through monies given to Boston College and the other states involved. This New England plan for in-service is particularly important for places like the state of Vermont where there is only one certified teacher of the visually handicapped. That person is in the State Education Department and has in his job specification that he is not to provide direct service. It is also important in Maine and New Hampshire where there are not enough teachers to have extensive statewide in-service programs in each separately.

You should try to get your New York State Education Department to assume this responsibility and include a statewide program in its proposal. The residential schools could include in their PL 89-313 proposal, a section for in-service training, which you should all feel you are getting out of this meeting.

Within the Division of Personnel Preparation there are special projects and some of them right now are for universities that are trying to find ways to serve visually handicapped children in the least restrictive environment. This means having a continuum of services, a residential school, a resource room, itinerant services and consultant services in rural areas. One of the problems we have in serving children in rural areas and even suburban areas has been that many school districts can not afford to hire both a teacher of the visually handicapped and an orientation and mobility instructor, and in fact, they may not even need one full-time teacher depending on the number and types of children they have in the program.

A number of universities have now begun, and I hope they all will, to train people to do both, serve as a teacher and as an O&M instructor. It will take longer but then we can find a way to have trained people out there in Podunk where a child has no choice but to go away from home if he is going to get an education at the present time. Some trainees are now doing a triple competency

which takes a full two years and two summers: training as a teacher of multihandicapped/visually handicapped children, as an O&M Instructor, and first and very important, as a teacher of visually handicapped children. They are doing it for the same reason that would apply to any itinerant teacher-- you don't know what kind of students you are going to get, so you had better have skills to work with them.

Another project our division is funding is the development of the Case Manager. This is a person who has the skill and knowledge of a teacher of the visually handicapped, but who also has considerable training in supervision, consultancy and in helping parents. This person has the responsibility for a certain number of children to see that they get all the services they need that are available and which so often are not provided because there is no one who has the responsibility to do so. The Case Manager may need to develop services and may also give some instruction to the child and to the teacher (either regular or special class for his other handicaps).

We are funding another project which is in the beginning stages. It is known as the Consultant Teacher Model for multihandicapped/visually handicapped children. This Model was developed in Vermont for serving mildly handicapped children. The major role of the consultant-teacher is not direct service, but instead to go from one place to another where there is a multiply handicapped/visually handicapped child. It might be a local program for retarded children or it might be a private agency serving emotionally disturbed children, and no one knows what to do with that visually handicapped youngster. This trained person will go out and work with the staff and go back periodically to provide further help if it is needed. This may be the only way we are going to reach a lot of those who otherwise would have to be taken out of their homes and placed in community residences or institutions.

The greatest emphasis in federal funding right now is on in-service training. There is an oversupply of teachers in some locales, particularly in the area of the mentally retarded. Some colleges and universities have continued milling them out even though there are no jobs available. One of the aims of in-service training is to re-train teachers to work with the severely handicapped or other areas needing teachers. By in-service is meant some really intensive in-service training which might be

on-the-job with the service brought to them, or participating in a summer program to keep up to date with the modern technology that is being developed and also with the new skills and techniques that have come from research.

The Bureau also funds some on-going programs and we expect to support two next year, one for teaching pediatricians how to work with parents and with education programs, and one for regular guidance counselors on how to work with visually handicapped students. I am hoping that we will also have one for working with school psychologists on how to assess visually handicapped children.

At the present time we have funded the American Foundation for developing some materials for training leisure time, recreation personnel, to work with visually handicapped children in their local school districts.

FOOTNOTES AND REFERENCES

1. The Federal Register contains regulations, notices of proposed rule making and other notices promulgated by federal agencies, Presidential proclamations, Executive orders, and other federal documents. It is published daily, Monday through Friday. The present subscription rate is \$50.00 a year. Make checks payable to the Superintendent of Documents and send to Federal Register, National Archives and Record Service, Washington, D.C. 20408. Individual copies may be obtained free by writing to your U.S. Senators or Representatives at the Senate Office Building, Washington, D.C. 20510 or House Office Building, Washington, D.C. 20515.
2. American Education may be order from OE Guide-80, Washington, D.C. 20202. Multiple copies must be ordered from the Government Printing Office, Washington, D.C. 20402 at \$1.00 each. Specify Stock No. 017-080-02066-1.

EXHIBITS AND DISPLAYS



Karen Luxton, Coordinator for Student Services, Regional Education Program for Handicapped College Students, Columbia University, gives a demonstration on the Kurzweil Reading Machine.



The Conference Exhibit Area offers participants the opportunity to review current educational materials.

INDIVIDUALIZED EDUCATIONAL PLANS

WRITING IEP'S FOR VISUALLY IMPAIRED STUDENTS

Phil Vedovatti, Vision Coordinator, Northwestern Illinois Association, DeKalb, Illinois



[This session was a working, interactive one in which many concerns and topics relevant to the Individualized Education Plan (IEP) were discussed.]

Phil Vedovatti started the session by asking the question, "What things have been better since the onset of writing IEPs for children with visual impairments and for children with other kinds of handicaps as mandated by Congress in P.L. 94-142. (Note: A complete copy of the Federal Regulations section on the IEPs is included in Appendix IV)

From the group discussion came answers such as: "The IEP helps us better define what we're trying to teach and to set up specific curriculum."; "Identifying specific objectives helps us to know where we are going, how we are going to get there and when we have arrived."; "Educational programs are more tailored to individual students rather than organized to fit students into programs."; "The inclusion of parents in the IEP meetings increases the amount of communication between parents and teacher."

The second question asked by Mr. Vedovatti was, "What are the negative reactions to the IEP and what problems have been experienced in using it?" This discussion lasted for one and a half hours in contrast to the five minutes spent on the first question.

The first major problem expressed was that of monitoring the IEP process. It was felt that persons responsible for the IEP did not always follow all of the required steps and did not always include all of the persons involved in providing educational services. For example, some itinerant teachers of blind and visually impaired students had not been included in the IEP meetings and others had been given responsibility for writing the whole IEP. The group felt that the regional associates of the State Education Department (SED) were not able to do very much monitoring because they were too few in number. Suggestions about monitoring included having parents be monitors of their own child's IEP process, having members of the COH monitor and follow up on IEPs in their school district, having special education supervisors or teachers be monitors or follow a California model and send different specialists from the SED to monitor the IEP process. None of these suggestions was considered to be an overall solution but rather ideas to try in different situations.

Another problem with writing IEPs is that some school districts do not permit staff to include the various related services needed by a student unless the related services are already provided by the school district. An additional problem regarding related services for visually impaired students in New York State is that Orientation and Mobility is not even mentioned in state law or regulation as a related service. Mr. Vedovatti pointed out that this practice is illegal, that the federal laws say that the school districts are to provide the services needed by a child with handicapping conditions. It does not mention anything about doing it only if the school district has the service. One way to effect change in such a situation is to provide parents with this information. Parents are the most influential advocacy group today and if they request related services needed by a child and do not get it, they may exercise their due process rights in appeals to the state agency and even to the courts if necessary. It usually takes a challenge from only one parent or other advocate to change the system. When the problem is the parent who objects to the program or to services recommended in the IEP, Mr. Vedovatti pointed out that the school district can also use due process to challenge the parents decision.

A third question covered in this workshop was what should be included in an IEP. In addition to information about the current functioning level

of the child, the IEP is to include the long-term goals, short-term objectives, who will be providing the special education and related services, and when the services are to begin and end. Parents must be invited to attend the meetings at a mutually agreed upon time and place. It is helpful to provide the parents with a checklist of their rights and to listen to their input as well as speak to them in language they understand, avoiding professional jargon.

Another topic discussed was the role of the teacher of the visually handicapped, particularly in relation to whose responsibility it is to write the IEP and to provide a specific service. Mr. Vedovatti pointed out the need for defining local roles and competencies in order to avoid confusion, and he stressed that the important issue is providing the service for the visually handicapped child, not "who" provides it. He also urged that until "we have advocates, teachers of the visually handicapped should not let go of their role as the primary advocate for that visually handicapped child."

The group also brought up the problem of the ophthalmologist's evaluation of a visually handicapped child and its frequent lack of education

implications. Suggestions included having the teacher accompany the child to the ophthalmologist; sending a functional vision inventory to the ophthalmologist with the child; having the teacher follow up all ophthalmological reports with his/her own functional vision exam report and forwarding it to the doctor who examined the child. It was also recommended that ophthalmologists be invited to an open house at school and perhaps conduct a clinic on-site.

Other specific suggestions made by Mr. Vedovatti to improve the IEPs included:

- 1) Having teachers of visually impaired students provide in-service training for classroom teachers on how to write an IEP for a visually handicapped child;
- 2) Get special education courses into the curriculum of teacher training institutions;
- 3) Arrange parent workshops through Special Education Instructional Materials Centers (SEIMC);
- 4) Use films such as those developed and distributed by the Council for Exceptional Children for PTA and in-service meetings; and
- 5) Consider applying for grants to implement innovative and creative ideas.



Kevin Meegan, Child Consultant for the New York State Commission for the Blind and Visually Handicapped, asks Mr. Vedovatti a question during Conference session.

LOW VISION

EFFECTIVE UTILIZATION OF LOW VISION

Dr. Natalie Barraga, Professor, Department of Special Education, University of Texas at Austin



It's a real honor and pleasure for me to be here with you in New York at your first statewide meeting. Although I've had an opportunity in years past to be at Hunter College and Teachers College and other places in the New York area, I have not had the pleasure of meeting all of the teachers from New York.

I would like to say I really do feel that in the past years I somehow have grown and evolved both as a person and as a striving professional person by using children, their parents and other students as a basis for learning. I think that's what all of us do. Some of us have better opportunities than others to put it all together in some way. I did not invent the idea that children who have very limited vision could learn to use that vision. Many who preceded me knew this. I just happened to be in the right place at the right time when the field was saying "I believe that" and was really ready to do something. We really were not certain whether or not we had reason to "know" what we thought we knew.

Junior high school students were coming to me and saying "Let me look at that book; I can see that." I was like many people in that era teaching in a situation where using vision was not the thing to do. In fact I had been given a dictum, "Now I don't want you to do anything that's going to have these children use their eyes." So, we snuck around and children came to my house on the weekend and I learned a lot. By that time, my daughter was 8 or 9 years old and she taught me a lot too.

I think the field is ready for certain ideas and certain concepts at a point in time and although people may have wonderful ideas, if the field is not ready to hear those ideas, to accept them and to think with them, then we just sort of spin our wheels. Katie Silbert in California, Jo Taylor in New Jersey and people all over the U.S. in the 40's and 50's were really questioning the validity of acuity in terms of its relationship to functioning with residual vision. However, since that time, things have snowballed far beyond my expectations and I've just been carried along with the tide, have thought seriously and tried to swim very hard just to get to the point where we really understand something about the human beings who have serious impairments in the eye or some other part of the system, but who can still learn visually. That's the key word. I heard it with Dr. Legouri yesterday, with Dr. Swallow this morning and with the occupational therapist yesterday. The key is learning and that's what I want you to think about with me this afternoon. It's not what we do; we can't teach what the person is not ready to learn. Students have to do the learning.

After the first controlled experimental study of developing residual vision was published in the early 60's, we had a number of people doing replications. They were taking the ideas and concepts that we had used, adapting the theory, modifying certain aspects of it, and working with different types of populations to see if the notion that using residual vision was a learned process. All of the studies indicated that the changes that we saw in the children from the time we began working with them in some kind of orderly fashion over a period of time was really the result of a learned process.

The next question was—will this hold up? That's the terminology we were using then. We did not know enough about Piaget to understand what he was saying to us at that point in time. We were not aware that imitating behavior and visual learning were stored, and that once this was stored in our memory we could function in relation to that at higher and higher levels. All of the studies showed that there was no regression after we had worked with children. With thanks to a group of people in 1969 and with the support and assistance of Ms. Taylor, we were able to modify and develop some teacher type materials and refine the visual efficiency scale. We knew at the time that this was very much an experimental tryout in the field to

determine whether people could use it, whether they wanted to use it, and if they did use it, how valuable would it be. At that time we also began a very careful study of what happened as a result of twenty institutes we had around the country in 1970 and 1971. By 1975 we completed a survey of the teachers who had attended those institutes, asking them what they had learned, what was valuable, and more importantly, asking them to respond very critically to the nature of the materials. We received numerous responses, and as a result, obtained volumes of information containing suggestions which helped us outline the revision process.

When I went to the American Printing House in 1976, I said that we needed to revise the materials since we knew much more now than we knew when they were designed. The present materials start at the representational level but do not go down to the lowest level of visual functioning. As Ms. Taylor said this morning, the Printing House was able to secure federal funds and we have been working to put together all the suggestions and ideas from various programs and workshops including Rosemary O'Brien's Visual Stimulation Program that was designed and implemented in Montgomery County, Maryland, and Evelyn Rex's and Ruth Holmes' work in Illinois.

The new program will be called "A Program to Develop Efficiency in Visual Functioning." We were fortunate in that we selected an advisory committee for this project, consisting of outstanding teacher-educators who had done their own individual research or work in this field, and consumers and others who could give us assistance in making this program the very best that we could. I don't want you to think that I have done it alone; I have always had cooperation, assistance, help, excellent advice and good thinking of many other people. I just do what they tell me to do.

Some of you may have seen an article that was in the November 1977 issue of the Journal of Visual Impairment and Blindness which was a review of research related to visual functioning. Our next step in developing our theory was to insure that our program would be suitable for all learners who respond to light and who by their response behavior indicate that they can learn to function increasingly and progressively by use of vision. This means we can begin working with young infants and their parents, or we can begin

with children three years old and help them to learn what their sensory impairment prevented them from developing spontaneously.

I need to deviate for a moment here so that you and I will be on the same wave length. The eyes and their functioning give us sight but the brain working in conjunction with the eyes gives us vision. No child comes with vision even though he has no impairment. A child has sight if he has no impairment. If he has a serious impairment he may have the potential for some sight but he will never have vision unless we intervene because that potential is limited and that little bit of sight does not enable that child to develop vision spontaneously just by opening the eyes. You have to look in order to see. If you do not know where to look or how to look, then you don't see.

Now this has no known relationship to chronological age. You know from your experiences and I think I know from my experiences, that we can take persons from almost any age who may have perceived themselves as being unable to function visually and help them learn to look and thereby begin to understand what looking means and what it does for them. Then they can begin to progress steadily in terms of visual functioning. Dr. Swallow said this morning that cognitive development is internally developed. We provide the experience, the opportunities, the motivation and the encouragement to look, and then it all begins to come together in the perceptual cognitive development. That's a very short review of the basis for our theory.

Now I would like to share with you some assumptions which have been generated from the review of all the literature we have available regarding visual functioning. Any person who shows response to light may be a candidate for further visual development or may respond to intensive visual stimulation. If we can get a response to light then I think that's the first thing that tells us this is a learner with whom I may be able to do something. The second assumption is that visual functioning and efficiency in cases of impairment is not automatic and spontaneous. It involves a process of learning and experience in real life environments. Visual learning begins with the real world, not with books and symbolic materials. If we try to begin with pictures and books we are skipping two whole phases of cognitive development. There is no evidence to indicate that the pattern of development in visual functioning in an impaired person differs from that

known to occur normally when there is no impairment. How one functions will differ because you don't function the same when you have an impairment as you do when there is none. We have no source that says that the sequence of visual development, perceptual cognitive sequence, really differs from that which occurs in the child without impairment.

Efficiency in functional use of vision is closely related to motor, mental and emotional development. You've heard that in three sessions in this conference. I am going to focus on just the visual system. The capacity to learn to function visually is unique to every learner. The rate of progressive development may differ in relation to the nature and extent of the impairment, the age of the individual, the time in life when vision was impaired, or whether that person has had vision but didn't use it in earlier life, and primarily from the encouragement and opportunities to learn to use vision as one moves and functions. We have evidence to indicate that continuous stimulation, intensive visual experience and extensive learning experiences are necessary for optimal development.

I want to share with you some material taken from a book entitled Health Maintenance by Chan and Leech. On the left hand side you see their sequence of what happens in visual development in a normal system. Now, what we have done is to take an impaired system, and on the basis of the research that we have available, made projections about what possibly may be happening at various stages and levels of development from birth on. This is primarily to illustrate to you that the lag in visual development begins very soon, in fact, at the point of fixation, because if we don't introduce something to look at very close to the face when we have children with impaired systems, we don't even provide the opportunity for them to attempt to look and looking is what facilitates fixation.

We do not have research evidence of the accuracy of our translation on the right side, so I would caution you that these are translations from our best understanding of the research we have available and what may be happening. You see that by the time the child is 3 to 5 months of age we really have a lag beginning, because the child with normal vision is already spontaneously reaching out and interacting with the world. We will also see that as we progress through that first year of life, one sees evidence of the sporadic kinds of behavior and the primitive nature of the development in that system.

Therefore, we need to think very carefully of what we do in the very beginning. I wanted to show you this so that when we show you a sequence of what we would hope you would be doing at an early age or beginning whenever you come in contact with children, then you will be able to see how it might fit into this kind of pattern. By the time the child is a year old, he/she may not have very much eye-hand coordination. Whereas the infant who begins to crawl around on the floor already has the pincer grasp, picking up the teeny-tiny things, and the use of eye-hand coordination.

By 18 months to 2 years we still see the lag becoming more and more cumulative. Whereas the child with normal potential and normal visual functioning has sharpness and clarity of all detail before two, the impaired child may be 4 or 5 years of age and still have eye-hand coordination that is crude and inadequate. The child may have discriminations of some color but may just be getting object constancy. Think about things now when you are working with visually handicapped children who have light perception or more, so that you get an understanding that this is going to be a slow process. You cannot move them any faster than they can develop these various accommodations. The rationale and theoretical basis for our project is in the April 1979 issue of the *Journal of Visual Impairment and Blindness*. If you're interested you may read it, but I'd like to interpret some of it for you now.

There are three categories of visual functions.

- 1) Optical functions are those which are associated primarily with physiological control of the internal and external structures of the eye itself. It is the refinement of the optical system which enables us to have sight and includes the various things that are part of the efficiency in that particular system.
- 2) Then we have optical and perceptual functions. Those functions are two aspects of visual development that are interdependent with the others. We don't get muscular control and refinement in the use of internal and external muscles of the eye except by continuous stimulation and experience in looking. If you don't look you don't get muscular control of the system. That's where we have to begin.
- 3) This is the development of a basis for visual perceptual function preceding and in the early stages of the use of language in learning. As we get language, we then have this to go with stored visual images for the purposes of clarification in communication, for refinement and accuracy, so that we can tell people what we see. This is what you will want to do with

your learning. You can't tell visual learners what to see, you ask them, "What does this look like? Tell me what you think you see. Can you see the lines? Can you see curved lines, straight lines or whatever?" That tells you whether they can associate what they see with something else.

We've talked about visual perceptual functions as those which indicate refinement and stabilization of looking and interpreting at the same time. These functions are performed primarily at the level of the brain. Clarification of visual information at various distances against numerous different backgrounds or recalling what something looks like, is calling on that stored imagery and associating and organizing information into visual patterns, some of which we can interpret. We really aren't using our system for full efficiency in learning until we can do all of these things. Now there will some learners, some low vision learners, who have severe impairments, such as limited residual vision, that they will never be able to perform all of these functions with maximum efficiency. Remember they're unique; remember they are the ones who are doing the learning and the functioning, so we simply try to provide the opportunity for them to get control of the system, to begin to refine the control of the system. As they discriminate, they begin to recognize, they store visual memory; they begin to get a perspective of spatial orientation and they perform visual motor tasks.

Now the second component of our theoretical rationale was to define the visual tasks that were normal and natural for children to perform in order to refine their function of the visual system. Tasks enable us to function more efficiently. I had a great team of research associates and some teachers accessible to me who were writing and developing hundreds of visual tasks that cut across the functions of discrimination, recognition, memory, visual motor and a combination of all of the functions. We then took these and the Piagetian sequences and things from Bruner and every other cognitive source we could find, and tried to put them into a sequential pattern so that they would blend together to be compatible with what we know of perceptual cognitive development in human beings.

Some people who do cognitive research say that young children are able to perform at certain perceptual cognitive levels at one year and someone else says that it's 3 years before they can do the same thing, so we've tried to make our band wide enough so as not to be in contradiction of anybody's research knowledge. We'll say one category is from birth to

one year, and another is from one to four years. Now I want you to view these years simply as a cue to the level of development. That's sort of an artificial standard to have. You may have a 14 year old with whom you are using some of these tasks but if that person is functioning at a nine month level in terms of visual development, it is appropriate. You want to keep in mind that you cannot go beyond where the person is in visual development.

Yesterday, one of the speakers mentioned a study by Valvo, an Italian ophthalmologist who developed the surgical technique to give sight to adults who had not previously had sight or who had lost their sight early in life. As was mentioned, he could give them sight but he could not give them vision. They had to function; they had to experience visually before they had vision. I suggest you read the study in a book by Valvo called Sight Restoration which will really help you to understand that having sight doesn't necessarily give vision. We have designed the tasks so that we're focusing upon optical functions, and then optical and perceptual functions, and right all the way through to visual perceptual functions. After we generated hundreds of tasks we then coded them into eight different categories which you will be able to see in the article that I mentioned.

We've just completed our field testing of the assessment procedure. The first component of the program will be the theoretical theme and organization that we have just discussed. The second component will be a diagnostic assessment procedure that consists primarily of two parts. The first part is an observation checklist which is done before assessing the person. It asks questions such as what lighting conditions can one best function, at what distances can one best function, how does the person feel about himself, does this person think he/she is able to see more accurately and efficiently than presently, and does the person really want to learn to function at a different level visually? We have about a 5-page observation checklist. The other section relates to the kind of prescriptive or non-prescriptive aids presently being used, and at what distances the person can do certain kinds of activities.

The diagnostic assessment procedure's second section is a set of forty criterion referenced items, each of which is independent of the other and is stated in behavioral terms. The response the learner is expected to give is clear and unequivocal. I want to caution you that when you are assessing, don't try to teach at the same time because you are going to

kid yourself as to what that learner can do. To assess you want to see where that child is functioning. If you teach and help him, you are getting him to function at a level which he cannot function when you're not there helping him. That is not going to be of any help to that learner. Assessment has to be objective. Then you go back afterward and teach. This was the hardest thing we had to get across to the teachers in the field tests. Since I'm a teacher, basically, I understand that people who are trained primarily in assessment don't think teachers make good assessors.

However, I want to say that in this program our basic theme is the best person to assess visual functioning in a low vision child for purposes of learning is that child's teacher. Other clinicians and people can give us great insight; they can help us. But there is not any 15 minute, 30 minute or one hour examination by a person who does not live with, work with and interact with that low vision learner on a daily basis that is going to reveal as much about the learning or the functioning capacity of that individual as can the teacher and the parents.

The parents, by the way, are your best partners. I can't say this too many times. You can work and work and work in a school setting, but if you aren't working with the parents, giving them suggestions of what to do in supporting and teaching that child how to look out when they go places with the parents, then you are not getting full efficiency. If somebody's doing everything for that learner in the home and not permitting him/her to handle materials and use vision in handling materials, then the learner is going to continue to be awkward, even in the educational settings. Now that we've been mandated to involve parents, who should have been our partners all the time, we really have a challenge, and they will be our best supporters. Don't forget, you may have the learners 5 or 6 hours a day, but they are somewhere else with somebody else the rest of that time. Efficiency is going to come through functioning, not through a 30 minute teaching session in school. I could not stress that too much, but now I'll get back to the field testing of the assessment procedure.

We put the assessment procedure out in 13 different settings with students of different ages and functional levels, and we asked teachers to use the materials for assessment, and then come back three weeks later and re-assess the same students. In the first assessment the teachers gave no feedback; they just accepted and recorded what the person did or

said. There was no learning involved because no one got any feedback as to whether one was accurate or inaccurate. We had 122 low vision learners who met the criteria that we had set up. We got a .99 correlation on the reliability of the procedure so we feel fairly comfortable that we have come up with something that is useful and reliable. Now I mentioned earlier that we had divided this into eight different categories and we got a .94 correlation between those eight different categories in terms of sequence. This leads us to believe that we have a reliable sequence and a reliable instrument.

The third component is that of a Design for Instruction. After you have assessed an individual, then you need to plan what that individual needs to learn. If you have forty items, which sample across all of these tasks, some of which are outdoor, functional indoor, and daily living skills, then you need to plan the instructional program.

I'd like to give you a multi-media show showing samplings of the lessons. The first thing we are trying to do in terms of a task is get a child to respond to light. Now we vary the distance, we introduce it right into the eye, and then later we move it back away. We are asking the child to attend to it, so that he moves his eyes to look right at it. As a reward you give the child the light and let him look at it as I am sure you have done many times. Now we are moving an object. Vision must work when things move. It must also work for us when we move in relation to stationary objects, and then it must work for us as objects move and we move simultaneously. We start with just this simple kind of thing and you notice that the teacher has provided a controlled area here within which the child can move and he must attend to that as he moves.

Then we move to a much more complicated task and that is asking a child to roll a ball across the floor and then move to it, meaning he has to keep eye contact with that ball as it moves across the room and then move directly to it. That's a very important skill in functional behavior in the environment. Imitating the placement of blocks provides the first learnings for eye-hand coordination. Notice the teacher is holding that other hand because this youngster was used to always supporting vision with touch. Therefore, we are working on getting him to try to be accurate in his reach and movement to something. That's why the teacher is holding his hand.

We also have an indoor task which is to move oneself between two lines on the floor. But for the

teenager who wants to ride a bicycle, moving between two lines on the floor is not related to what that teenager wants to do. That teenager wants to be able to stay on a path outside, so this is an example, then, of what we've tried to do. No matter what the task is, we've given procedural instructions and then options for adaptations for multihandicapped students, for teenagers, or for adults that will teach the same visual task in an environment and setting and with materials that are appropriate to each of them. By the way, this boy thought, and everybody had always told him he was totally blind, and this has been a year's work with just this one boy in individualized kinds of things, and so now he is moving along and he has reached a point where he's coming to a crosswalk, and that was his task--to stop when he came to that crosswalk.

This is my favorite picture. I want you to look at this little boy. This boy's task is to put things together, one thing into another thing. He had to have tactual confirmation at first, but look at this one; he has finally reached a point where he could hold his hand way up and right over the neck of the bottle and drop the bean into it. Let me suggest that if you're going to teach this, you don't start with a soft-drink bottle, you start with a wastebasket or a bucket. I'm showing you the final kind of achievement and the efficiency level. But there were many weeks of work that went into this before we got to this particular point.

Now this little girl is fitting things together, and I might add that this picture is compliments of Dr. Rosemary O'Brien from Montgomery County, Maryland. This is a picture of one of the children that was in that program several years ago. This child was also thought to be totally blind and taught to be blind. Now this child is learning to fit things into a peg board. She could do it fine with tactual exploration, but we took a long time to teach her to do it and to do it with accuracy just by looking. That's what we're striving for. Now she has reached the point where we are working on representational kinds of things, and that would be where we begin in the latter part of Section D. We are still dealing with geometric forms and things of this sort. We're confusing colors here as you can see. Throughout we try to balance and interact the variables of color, size, and form. We are reaching the ultimate in terms of not having any one hue that is always consistent because you will know how kids will do, they will know the color of something and you don't know whether they know what it is or the form of it or whether they're just going by the color. So that's

why you always have to keep changing these variables so that no one form or no one size is always the same color when you are working with them.

Now I must tell you that when we looked at and analyzed the performance data on the Diagnostic Assessment Procedure, the group of items that was most frequently missed by all low vision students was visual motor items. We aren't doing as good a job as we need to be doing in focusing on visual motor and eye-hand coordination. I think we're cheating students because they have the ability to do it. It is laborious, it is difficult, and it doesn't come easily. But that's how they're going to have to function and if they're going to use their vision, we want them to use it the most efficient way. If they're going to be integrated with other students and other students are doing these things, then they need to be doing them also.

Now we are looking at variables of size and trying to visually discriminate size. We started with great big things and have moved down to smaller things. Here is a matching task. Now you will note that some shapes have many different colors so that the child can be asked to match by color, or can be asked to match by shape but cannot always choose the blue ones because they're all the triangles. This is choosing real objects to go with represented objects. Another type of task is ordering and sequencing in terms of size. We have to see that in real things and we have to see it in represented materials. Using colors, you start with primary ones, then add secondary colors, and then you add all the different tints of all those primary and secondary colors until they match. What we're doing now is matching mostly. We're not identifying, we're matching.

Now this girl is cutting. This was a task frequently missed. We need to be working more at using the felt point pen or the pencil or the chalkboard and the scissors cutting on a line. This is taking the picture and finding the real object that goes with the picture. You start with those that are easy and then you make them more difficult. We're still trying to keep that real world in relation to that represented world. Keep in mind that a child cannot interpret a visual representation that he hasn't had a hands-on experience with. He has to have seen the real object before the picture can mean anything. I think that is a very important thing for us to remember. Now this is pasting within a pattern, which is another task which we don't do very well. We don't ask them to cut and then paste within an area which helps them refine the accuracy of where they are looking. Here

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is matching of shapes to actual objects that have similar shapes. We have several tasks and lessons of that nature.

This is a visual, fairly high level cognitive skill. You reach that point eventually, but you don't want to start there. If it's a new cognitive task, make it big. If it is an easy cognitive task, then continue to reduce size, reduce density and other factors so that they can interpret this easily but it is more and more difficult to see. That's the two things that you play against each other. She has materials there and she has a picture and she's supposed to choose the material that is appropriate to the picture and use it in the proper way. It happens to be a toothbrush and the picture of brushing the teeth. This is another visual motor task of filling in materials and matching again of represented materials from the real thing.

I have put this one in because this is just the most fantastic little gal that we worked with. This little girl had never had anything to look at. This was a school where there literally was nothing--nothing but braille. That's all there was in the entire school. That child had never had a picture book, had never had anything to look at. Well, I tell you, she motivated us because every day she was at the front door to meet us, 'What did you bring today? What did you bring today?' I've never seen a child so visually starved. We played all kinds of games with her to see how far away we could get things from this child before she could still do the task. You can see we're getting farther and farther away and she doesn't make any mistakes. I'd like to add we taught this girl to learn to read print in less than six weeks. We really have underestimated kids just something tragically.

Now this is the more difficult perceptual cognitive task, that is for the purpose of visual integration, in putting things together. This is the lowest level where she has the model to go by. Then you're going to take the model away, cut it up in more pieces or give her something that doesn't have the puzzle and take this all apart, so you've made that much more difficult. We have a number of items of sequencing materials so that they can learn to put pictures in order. The cognitive task is that they have to interpret it as they do it. Now here's a boy trying to learn to cut, you see all the stages. We first have a template which he traces; then we have dots and he follows the dots; then we have the model over here and now he's going to try to draw it with just the dots at the key points. Finally he

will cut it. It gives you an idea how you can design things in a progressive fashion. Next we begin to move into the real environment and teach safety skills and you can get your mobility instructors to help you with these things. When the child is ready, have him match the sign that you've showed him in the classroom with the outdoors and work on more and more detailed discrimination types of things, until you get to symbols.

Our research has shown we have kids who perform really well on this level of assessment with symbols. However, they can't do any of the things previous to this and have many splinter skills. That's because we started with symbols, and that's not going to help them in their environment. That's not going to help them interpret what they see. They've been taught a splinter skill of recognizing a letter or a number. Putting words with the appropriate pictures and we're into good readiness and pre-readiness kinds of activities and they continue all the way to reading.

Now the children you are seeing are all children who had on their eye reports under vision, nil or light perception or motion object perception. Not one child that you've seen today had any indication that the child had potential for visual functioning. So I'm suggesting that you go back now to the blackboard or chalkboard because that's the best place to start many of these things. It is eye level and it's right in front of them, but don't forget that it is gross motor rather than fine motor. They're going to have to learn, after they reach a point, to function on the outside, so take them outside to function on functional kinds of things. This is an arithmetic lesson. As you can see, they're measuring how much their flowers have grown and so forth. There are many ways that we can make functional, real life kinds of activities.

The fourth component will be a supplemental source book which will be about a fifty page monograph that will be appropriate for you to share with your regular class teacher, with parents, with the psychologist, with the social worker, with the physical therapist, and the occupational therapist. We've tried to put it all into a nutshell, and thanks to Mrs. Dennison, whom many of you know, all of the commercially available materials that are appropriate for performance of certain of these tasks, will be included. You will have a ready source there of everything that's available that will help you teach a specific task. The program will contain only a limited number of graphic materials, but there will be all the graphics that you will need to teach these 150

lessons; and suggestions for all kinds of supplemental materials. There will also be a comprehensive glossary and a very comprehensive bibliography of all the research, all the sources of similar things, and references for multihandicapped populations.

Now the last question is when? We will put the assessment procedure and the instructional program out in the Fall of 1979 with 10 or 15 teachers who have as many as 8 or 10 low vision children, and they will use it all Fall. They will give us as much feedback and criticism as they can

and will. Next Spring (1980) I shall try to incorporate all the suggestions and revisions. Dr. Nolan has promised us that they will try to go into production and have it available by the end of 1980. It will be a total and complete program for you to use as a basis. It is not everything. It is not perfect and it won't do everything for all children. But I hope it will be helpful to you and it will all be in one package. (Note: The entire program is now available from American Foundation for the Blind)

You have been most attentive and I thank you.

REFERENCES

- 1) Barraga, N.C., and Collins, M.E., Development of Efficiency in Visual Functioning: Rationale for a Comprehensive Program, Journal of Visual Impairment and Blindness, April 1979, pp. 121-126.
- 2) Barraga, N.C., and Collins, M.E., Development of Efficiency in Visual Functioning: A Literature Analysis, Journal of Visual Impairment and Blindness, November 1977, pp. 387-391.
- 3) Collins, M.E., and Barraga, N.C., A Program to Develop Efficiency in Visual Functioning: An Evaluation Process, Journal of Visual Impairment and Blindness, March 1980.
- 4) Holmes, R.B., "Training Residual Vision in Adolescents Educated Previously as Non-Visual", Masters' Thesis, Illinois State University, 1967.
- 5) O'Brien, Rosemary, Vision Stimulation: A Program of Instruction Designed to Stimulate the Use of Residual Vision in Low Vision Children, Rockville, Maryland: Board of Education of Montgomery County, 1971.
- 6) Rex, E.J., (ed.), Methods for Procedures for Training Low Vision Skills, Proceedings of a Special Study Institute, Normal, Illinois: Department of Special Education, Illinois State University, 1971.
- 7) Valvo, A., Sight Restoration After Long Term Blindness, New York, NY: American Foundation for the Blind, 1971.

VISUAL DEVELOPMENT AND STIMULATION



Dr. Richard Jackson, Assistant Professor,
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Specific recommendations regarding appropriate intervention for a visually handicapped child include:

1. Let the child move the materials, rather than move his head. This will be simpler and avoid problems such as stomach upsets, etc.
2. A child should be encouraged to rely more on moving closer to the materials for a clearer image, rather than resorting to a magnification aid too quickly. It is often better for children to try making adjustments or compensations using the strenghts they were born with before moving too quickly to the aids now available.
3. Lighting should be modified for each child with the use of lamps and dimmers. A doctoral dissertation by Lester Lehon proved that the use of standard school lighting for all is a fallacy.
4. Each child should be encouraged to experiment, explore, and most important, to trust his or her own vision.

5. Vision is behavior, and, as behavior, can be motivated, manipulated and modified.

[The following was excerpted from the discussion and summary report presented by the recorder.]

Historically, the development of the concept of low vision has gone through several phases. From 1913 through the 1950's the emphasis was on sight conversation and many in the field were led to believe that the use of large print would be the major solution for a visually impaired child's problems. However, during the late 1940's, some teachers began to question whether or not functional use of vision should be stressed. Their concerns were paralleled by some basic re-thinking in terms of Gibson's approach to perception.

Dr. Jackson mentioned Dr. Natalie Barraga's initial study in 1964 that produced some objective evidence that functional vision could be improved without affecting the visual acuity. Currently the emphasis is on the assessment of a child's useful vision and the selection of appropriate visual tasks.



Dr. Bruce Rosenthal, Associate Professor, Low Vision, State University of New York, State College of Optometry

A slide presentation by Dr. Rosenthal of the on-going low vision program at the New York Institute for the Education of the Blind (NYIEB) was presented. The group attending this session felt that when a low vision center is an integral part of an educational setting, there is not only better feedback for the low vision specialist, but that the classroom teachers are better able to help their students learn to use low vision aids.

Dr. Rosenthal emphasized that more refined tests are needed to assess visual functioning of children with low vision. Frequently optometrists give up using the available standardized tests and record that a child has light perception or can count fingers. If testing were more refined, one would determine that low vision children have a good deal more useful vision.

Two recommendations made by the group included:

1. There should be a major presentation made by the Low Vision Team at NYIEB at another conference so that the field can benefit from this exciting program.
2. Provision should be made at NYIEB for short-term enrollment for some low vision students attending public school programs for evaluating a child's educational needs in interaction with his or her low vision prescription. It is important to follow the child from the clinical setting through to the classroom to see what he/she is actually doing with materials and how this affects the prescription of materials.

MULTIHANDICAPPED STUDENTS

INFORMAL ASSESSMENT OF MULTIHANDICAPPED STUDENTS

Stephen A. Legouri, School Psychologist, New York State School for the Blind, Batavia, New York



Children who are legally blind and developmentally impaired to the degree of functioning below two years of age and have not developed a usable system of communication are children who are extremely difficult to evaluate educationally. That is, it is difficult to find appropriate test items for a child who cannot adequately see what you are presenting or appropriately respond to any language-based presentations because of hearing impairment and/or developmental language deficiencies.

Medical diagnoses, non-medical assessments, base-lines of developmental or curriculum sequences, task analysis of the next step in sequence, coactive movement, and total or alternative communication approaches appear to be the primary techniques employed to facilitate and note progress with these children. These techniques are utilized with the idea that all children are able to profit when an appropriate educational effort is applied regardless of their handicapping conditions.

Lack of progress is not viewed as the responsibility of the child, but is seen as a need for modification in the child's educational plan in terms of goals, sub-objectives, strategies and/or more precise task analysis.

The limited availability of appropriate tests and the trend towards placing the major responsibility for progress on the program have diverted attention away from determining intrinsic differences among very low functioning children. Current techniques are usually applied on a "shot gun" approach. When progress occurs, the explanation for that progress is, many times, vague at best.

Progress is usually measured by tracking a child as he or she moves through the steps of a developmental, adaptive, or a prescribed curriculum sequence. A determination of where the child is functioning at any given time is easily obtained. Understanding the child's rate of progress and why it differs from that exhibited by other apparently similarly handicapped children is much more difficult. It requires an analysis of how and not where the child is functioning.

The procedure, Progression and Assessment of Legally Blind, Low Functioning, Non-verbal Children, attempts to identify, distinguish and determine the relative importance of the basic forms of learning, the developmental/adaptive progress, and the beginnings of a scheme for cognitive processing exhibited by these children. Primarily, the procedure suggests what to look at over a long period of time in order to develop an understanding of how the child functions. It gives examples of how to look, using materials and techniques presently employed with such children. Other materials and techniques can be easily substituted for, or added to, the examples given.

The procedure is not to be employed as an initial placement assessment. It is to be managed by the child's teacher as an informal guide of continued evaluation over a considerable length of time. Frequent teacher-special support service consultations would be imperative until the teacher feels she or he understands the relative importance of the areas. This type of evaluation should serve as a frame of reference in the teacher's mind as to how children learn. It should be superimposed upon the assessments used to demonstrate the attainment of goals and the periodic assessments of specialists mandated by law.

The ten areas addressed by the procedure are as follows.

1. General Information: (Bangs, T. Language and Learning Disorders of the Pre-academic Child. Englewood Cliffs, N.J.: Prentice Hall, Inc. 1968).

This area gives a summary of pertinent medical and social data. Each item can be answered either briefly or coded as follows: (1) suggest further investigation, (2) related to delayed development, (3) actively influences current adjustment, or (4) identified, but not educationally significant. Documented handicapping conditions are listed as well as those that are suspected. If a documented condition appears to be in error, it is listed along with a recommendation for re-evaluation.

2. Presence and Nature of Visual Response: (Langley, B. and Dubose, R. Functional Vision Screening for Severely Handicapped Children. Nashville, Tenn.: George Peabody College for Teachers 1977).

The second area employs items that address visual acuity only. These items would be used primarily when the child's physical condition or behavior significantly interferes with the medical examination.

3. Presence and Nature of Auditory Response: (Numerous skill listings available).

This area treats auditory acuity in the same manner that visual acuity is approached.

4. Presence and Nature of Motor Response/Sensory (Motor) Integration: (Fiorentino, M. Reflex Testing Methods for Evaluating C.N.S. Development. Springfield, Ill.: Charles Thomas, Publisher, 1976).

Area four describes head raising, turning, crawling, sitting, standing, and a limited number of arm-hand manipulations. This section requires a knowledge of normal and abnormal reflex patterns in children. Descriptions of these motor behaviors and reflex patterns are made in reference to Activities of Daily Living skills. Directed (teacher assisted movement) behavior is included in this section.

5. Integration of Visual Motor Processing: Sommerton and Turner. Pennsylvania Training Model, Individual Assessment Guide, Pennsylvania Department of Education, 1977.

6. Integration of Auditory and Motor Processing: Sommerton and Turner. Pennsylvania Training Model, Individual Assessment Guide, Pennsylvania Department of Education 1977.

Areas five and six list visual and auditory behaviors involved in attending to and tracking a stimulus. These behaviors are briefly described again in area eight, but as part of the beginning of a scheme for cognitive development. Attending through interaction of tactile and kinesthetic senses is treated in area eight.

7. Basic Forms of Learning: Gagne, R.M. The Conditions of Learning. New York, N.Y.: Holt, Rinehart and Winston, Inc. 1970.

Area seven describes types of behavioral change as learning resulting from classical conditioning and chaining. The type of learning described in this section may represent the only way some of these very low functioning children can demonstrate behavioral change.

8. Integration of Visual-Auditory-Motor and Cognitive Processing: Branston, M. and Dubose, R. Inner Language Scale. Nashville, Tenn.: George Peabody College for Teachers, 1974.

This area describes the non-verbal behavior of very young children (0 to 2+ months) as a display of inner language. These non-verbal behaviors are listed by Branston and Dubose as four related categories with 20 intra- and inter-related steps leading to the child correctly imitating new actions even after a time lapse. The 20 intra- and inter-related steps are broken down into six ordinal (not linear) scales of development by Uzgiris and Hunt. The categories are "object concept, object permanence, causality and imitation." It is proposed that such behaviors represent important beginnings of a scheme for cognitive processing in the form of verbal and/or non-verbal language.

9. Developmental Scan: Stillman, R. Assessment of Deaf-Blind Children: The Callier Azusa Scale. Reston, Va.: Council for Exceptional Children, 1974.

Area nine gives a summary of the child's functioning level on a continuum of skills that describes the development of normal children in various categories.

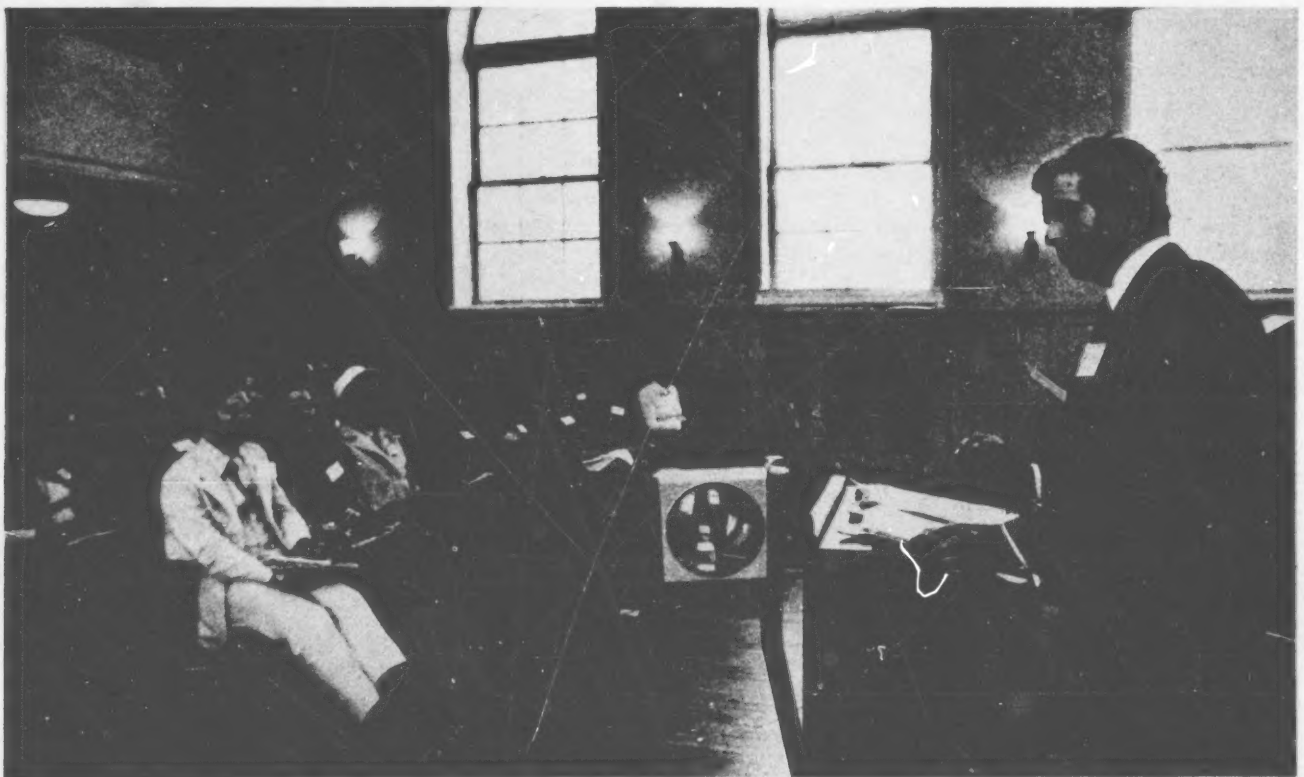
10. Adaptive Scan: Hutton, W. and Talkington, L. Developmental Record. Portland, Or.: Continuing Education Publications, 1974.

Area ten relates the degree of independence the child has established to adjustment in his community setting.

The selection of these areas was made in an attempt to answer the following commonly asked questions: What is the background of the child and how has it influenced his or her current functioning? Is the child able to see, touch, and/or hear? Can the child focus these senses in order to look at, feel, and/or listen? What behaviors represent primary steps towards using some form of language? How does the child, who does not master the most primary steps

towards developing language, manage behavioral-adaptive change? How could the child progress along the developmental, adaptive, or selected curriculum sequence at a faster rate?

Responses to these questions can only be viewed as propositions subject to further illumination by experimental research. Individuals working with these children can expend tremendous energy and get very little feedback from their efforts. After a period of time, it becomes easy for these individuals to lose their initial understanding and sense of direction. Although responses cannot be given with complete confidence due to the presently available evidence, some understanding of how children learn, no matter how hypothetical, should give the teacher a frame of reference that would help in holding a sense of direction and maintaining tolerance levels.



Mr. Legouri emphasizes a point during his presentation.

TACTILE, KINESTHETIC AND VESTIBULAR STIMULATION



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[The format for the presentation will be structured around the following flow chart taken from Interpreting The Southern California Sensory Integration Tests, by A. Jean Ayres (Western Psychological Services, Los Angeles, 1976.)]

SENSORY SYSTEMS MODEL

Sensory Channel	End Products
Auditory.....	Language
Vestibular.....	Lateralization.....eye-hand coordination
Postural	
Ocular	Praxis
Reactions	
Proprioceptive.....	
Tactile.....	tactile defensiveness.....Form and space perception

Most teachers are concerned with the end product side of this chart especially since teachers have always tried to improve functioning in the end products. When there was a problem in learning which did not respond to academic help, teachers worked to improve a child's eye-hand coordination or form and space perception since they felt problems in these areas were causing the learning problems and that remediating the underlying problem would improve the learning abilities.

Somehow, this never quite worked; the perceptual motor abilities might have seemed to improve (the child did better at block designs, peg boards and connecting the dots), but the desired improvement in learning never fully occurred. Why? The problems were more basic; they involved faulty integration of sensory data. The poor perceptual motor abilities were not at fault, but were the results of problems at a lower level. To understand this process, we look to the pioneering work of A. Jean Ayres. Dr. Ayres' work can help us understand the functioning of learning disabled and handicapped children in various learning environments, namely the school and the home. We will use the flowchart to explain some of the functioning of normal children, and how problems in particular sensory systems or end products may result in a learning or behavior problem. Examples will be taken from common experience, so that most anyone will be able to understand how it feels to have a sensory integration problem. Since most people know a little about visual and auditory processes, our discussion will be concentrated on the vestibular, tactile and proprioceptive processes with which they are less familiar.

Let's discuss the tactile system first. In her early work (1964), Dr. Ayres talked of a two-part tactile system with "protective" and "discriminative" divisions. The protective and discriminative touch systems are functional parts of our tactile system throughout life. The inhibitory discriminative system is predominate in normally functioning children and adults and inhibits the alerting protective system. In infants, the protective system predominates, due to survival needs and relative immaturity of the neurological system. One can see this in the example of the elicitation of a startle reflex when a young baby is touched unexpectedly. As infants mature, startle no longer occurs so easily. Through interacting with their environment and due to maturation of their nervous system, infants learn to discriminate tactile input. With this maturation, more integrated interpretation of tactile input and inhibition of the protective system occurs.

The protective system would be activated if you need it. For example, you would alert to danger if you are walking through the woods and suddenly walked into a cobweb with your face, or if you felt the feet or wings of an insect just before it bit you. It is interesting to note the psychological parallels here. According to Erikson, children must develop "basic trust" before they can develop a sense of self. Could this development of trust be tied in with the maturation of the tactile system?

You may ask how the tactile system has any importance in your classroom. If the tactile system is not working properly, a child will have difficulty interpreting touch, or may be a "tactile defensive" child: one who interprets touch as threatening, dangerous, or even physically painful. How can a child concentrate on learning if his tactile system keeps interpreting the environment as dangerous? Think how disrupted you are if you can't reach your back to scratch an itch. Applicable here are the infant's early tactile experiences involved with nursing, mouthing objects, being bathed and held, and later touching, chewing, and otherwise tactually exploring the environment. Truly, infants learn much through tactile exploration and it should be a large part of a child's life even in school.

The vestibular system has been found to be extremely important in normal development, and it seems to be dysfunctional in children with many types of difficulties, including learning disabilities, autism, and Down's Syndrome, with indications of difficulty in other forms of retardation, some hearing problems, early schizophrenia, and so forth. (See Bibliography)

The receptor organ for the vestibular system consists of the semicircular canals and the saccule and utricle, which are attached to the cochlea or hearing part of the inner ear. In fact, the fluid filling the vestibular apparatus is continuous with that of the cochlea. What does the vestibular system do? Basically, it is your primal link with mother earth through detection of gravitational forces. It tells you whether you are starting or stopping, accelerating or decelerating, balanced or not, and whether you or your environment are moving. It also has much to do with maintenance of muscle tone, erect posture, and equilibrium. There is a direct link between the vestibular system and the ocular reflexes. If a child has problems with the functioning of the vestibular system, he or she may have coordination or balance difficulties. The vestibular system also is of considerable importance in providing support for motor planning and in contributing to form and space perception abilities and development of language functions (Ayres, 1976).

The development reflexes are also tied in with the vestibular system. (For an explanation of these, see Fiorentino, 1963). Of primary importance is the prone extension position which is now considered to be an index of vestibular functioning (Ayres, 1976; Ottenbacher, 1978) and the equilibrium reactions. The asymmetrical tonic neck reflex (ATNR), indicative of bilateral integration, and the flexion in supine posture which can also give information on the state of integration of the neck muscles are also important.

It is necessary to understand reflex development in normal children in order to appreciate what a deficiency in reflex development can mean in a child with problems. For example, in high functioning children, a residual ATNR can make it almost impossible to do the breathing while swimming the crawl stroke. Residual positive or negative supporting reactions can interfere with muscle tone in the legs so the smooth reciprocal motion required for good hopping and jumping is not present. Deficient prone extension posture would make it difficult for a child to lie prone on a scooter board without dragging his knees. Poor protective extension of the arms results in numerous bumped heads, and poor equilibrium can make it difficult to learn to ride a bike or to roller skate.

Reflexes for the most part mature during the first 18 months of life, and immature reflex movements can be found in children with many types of central nervous system problems.

How does it feel to have a vestibular problem? There are common experiences to which an adult can relate in an effort to understand how it feels to have a disordered vestibular system. We may be familiar with these examples: having a bad inner ear infection and feeling disoriented, nauseous, or possibly having vertigo; going over a bump in a road and "losing your stomach"; feeling "loss of control" while going under anesthesia or waking from passing out; being awakened just as you're going to sleep and feeling as if you have fallen 20 feet through space while you were actually in bed; or trying to balance on a tight rope. A child with vestibular dysfunction may feel as if he were in any of the above special situations during normal daily movement. You can see why he might find movement a little frightening or at least difficult. A child who is very fearful of movement, especially movement backwards, is called "gravitationally insecure". Children such as these have a right to be afraid because their bodies don't catch on to the fact that they are falling and, therefore, do not do anything to prevent it, which results in injuries.

Proprioceptive feedback is also involved with the functioning of the vestibular system, particularly through the monitoring and establishment of normal muscle tone. Proprioceptive information comes mostly from joints, muscles and ligaments, and is usually not a conscious process. Without proprioceptive abilities, you could not touch your nose with your eyes closed, or walk upstairs in the dark.

Sometimes difficulties in the vestibular, tactile and proprioceptive systems lead to motor planning (praxis) problems (dyspraxia). Motor planning is the ability to get your body to do the things you want it to do when you want it to do them. Praxis is based on automatic functions such as equilibrium and muscle tone, with cortical (thinking) direction. Adults can understand motor planning through the example of learning to drive a car. The way you had to direct your body during your first driving lessons was motor planning. You then internalized the ability, and are able to transfer it at will to new situations, such as driving an unfamiliar car. Children with problems may have difficulty at any of the three steps: motor planning, internalizing, and transferring learning to new situations. It is as if you had to learn to drive all over again each time you got into a car. If you imagine going through life that way, it might lead you to understand the frustrations felt by children with motor planning problems.

How does a normal child learn to interact with her environment, and how does she learn she is separate from the environment, in other words, develop a body image? She learns mostly by moving and seeing things move in the environment. Normal kids crawl, roll, walk, and run; they learn how far it is to an object they see; they learn that if they stand up under a table they bump their head; they learn that they cannot fit under the couch; and they learn how much space they take up relative to objects in the environment. A child cannot understand relationships between herself and objects or between two objects until she has internalized her own body scheme. Her body remains basically the same throughout life; she has a right, left, front, back, etc., but object relationships change depending upon where the child moves in the environment. A table does not have a constant right and left side, but is defined by each side of it the child is standing on. Normal children are able to interact with the environment effectively because they receive consistent feedback from their bodies. They can trust that when they trip that their foot will move to keep them from falling, and if the foot is not fast enough, that their hands will shoot out to keep them from hitting their heads. Children with balance-vestibular or reflex problems cannot always trust this

to happen; they do not get this consistent motor feedback from their bodies, therefore, they have trouble building a body image.

A visually impaired child has even more complicated problems. He cannot use his vision to help himself interact with his environment, and often he may have difficulties with his other systems, or be restricted from using and developing them fully because his caretakers are fearful he might injure himself. Here is a place where you, as teachers, can do a great deal of good: encourage caretakers to let the child use a motor approach to learning. You can start early in infancy as long as you have medical clearance and guidance from an occupational or physical therapist. Consultation with a well trained therapist is essential because each child is different, and what is good for one child might be dangerous for another.

Therapists would generally advise that a child spend as much time in a prone position to facilitate vestibular development, and that the child be allowed to crawl and roll freely (helps develop bilateral integration and rotary patterns) rather than being confined to a playpen or walker (develops leg extensor muscles too early or too strongly). Parents may be advised not to treat the child like glass, but to rough-house with him, give him lots of specific tactile input, and play movement games such as tossing, swinging, and spinning the child. Therapists know how to monitor these activities to be sure they are not harmful. One of their clues is to watch the reaction of the child; if his activity level changes suddenly or he becomes upset, stop the activity.

Therapists are involved in applying the theory of sensory integration to many types of problems such as cortical blindness, deafness, autism, mental retardation, developmental delays, etc. Research is still sparse on the effectiveness of therapy and on precautions, but the work looks promising. One must not forget, however, that because this type of therapy has the potential to be so powerfully beneficial, it likewise has the same potential to be disorganizing or harmful to the child. Sensory integration therapy should only be done by well trained professionals. You, as teachers, need to know about this area to get better services for your students, to understand why the child acts the way he does, and to carry out treatment programs prescribed by therapists.

You may also find that a sensory motor approach to learning is more effective for your students than other approaches. You cannot do sensory integration therapy in the classroom without

a therapist present, but you can do sensory motor activities. It will not be as effective as sensory integrative therapy because you are not planning each activity for each individual child and making sure it "integrates"; you cannot do that in a classroom, but you can certainly teach the child through a motor approach rather than simply working on end products. One example is: if you are teaching letters of the alphabet, rather than just using the standard textured letters, give the child a piece of rope and have him make the letters on the floor. Have him walk, crawl, sit and jump on them. Have him make the letters with his whole body, or have two kids together form a letter with their bodies. Make giant letters out of wood or plastic, and let the child move them through space and himself around them; play a letter retrieval game where the teacher writes a letter on the child's hand or back, and he must walk, run, roll, crawl, etc. across the room to find the right large letter on the other side by touch, and bring it back to as near the starting point as possible. Here, besides letter learning, the child is working on balance, coordination, mobility, tactile and spatial perception, and following directions. It can be made extremely simple for low functioning children (draw a letter "P" on his back, guide him to crawl two feet and find the right letter from a choice of an "X", a "P" or an "O"). I am sure teachers can think of endless ways to make learning more motor oriented, and with the help of a therapist, therapeutic as well.

Sensory integration might also give us clues to the reasons for some of the unusual behaviors of blind, deaf, or other severely handicapped children. The difficulty many blind people have with learning erect posture and proper gait might be attributed to the fact that they do not have optical righting reflexes to tell them when they are upright or falling, and their movement in the environment might have been restricted as children, so the balance-vestibular mechanism was not able to compensate completely for the loss of vision. There also may be minimal cerebral dysfunction present which has been overlooked because of the more obvious vision problem. Many RLF individuals have vestibular, tactile and motor planning problems which affect their balance, coordination, spatial awareness, and academic achievement. Sensory integration treatment of these cases in my clinic has produced significant improvement in these areas especially as they affect mobility.

The "blindisms" of rocking and jiggling body parts may be related to the need for increasing sensory input to a level which is more comfortable for the person, or possibly to a level necessary for

better functioning of the nervous system. For example, the blind or deaf-blind child cannot see and/or hear where he is in space, so he moves to let himself know where he is. You may notice when you are a little nervous, or you are thinking about something, you might start jiggling a leg or tapping a pencil. You are doing the same thing, just giving yourself additional input to calm yourself. With handicapped children, we try to stop "unusual behavior" because it does not look appropriate; if you do that, try to give the person a socially acceptable substitute, a way to get the stimulation he needs without looking out of place. Masturbation, for example, is a large problem. Society does not like to see children masturbating in school. One deaf, autistic and probably retarded child I worked with masturbated almost continually the entire school day. I asked her teacher if she was able to concentrate better just after masturbating, and she replied yes. I put the child on a program of socially acceptable tactile stimulation, consisting of daily sessions with the therapist, teaching the child more appropriate stimulation activities, and instructing the teacher in some tactile techniques. Not only did the child stop masturbating, but she learned her first spontaneous sign, the sign for "more", and started attending to simple academics. She now knows several hundred signs and, after sensory integration treatment involving the vestibular system, she has developed spontaneous speech.

Self-abusive behavior might also be looked at in this way; perhaps, the self-abusive child is trying to tell people that he is lacking appropriate sensory stimulation, or that his nervous system needs additional stimulation which it is not getting through normal channels. He may also be telling you that his nervous system is interpreting input differently than yours or mine. Perhaps the self-scratching, biting and hitting which we think is hurting the child might actually feel more normal to him than a light hug. Since this is indicative of dysfunction, and because we morally cannot allow this to happen, we try to stop the child, but are we providing the socially acceptable substitute input which he needs?

Disrobing might also be mentioned quickly here. Perhaps this behavior is not due to totally psychological reasons, but instead to a disordered tactile system which leaves an individual unable to screen out the feeling of clothes on his body (tactile figure-ground perception). You and I can screen out the feeling of our clothes, and attend to more important things in our environment; perhaps some of our students are not able to do this. For example, if you

are wearing a new pair of shoes which begin to hurt, you will keep them on if you have to for social reasons. However, you will not be able to fully attend to the situation, because your attention will be directed towards the pain in your feet, and how long it will be before you can stop that pain by taking the shoes off.

We have only touched on the application of sensory integration to disabled populations, particularly the blind, in this discussion. You can see, however, that an understanding of sensory integration and how the nervous system functions can give us a different viewpoint from which to judge the behavior and functioning of handicapped individuals. More important, it can give us a therapeutic approach which shows great promise in being able to change the maladaptive behaviors permanently, and result in more optimum functioning of the central nervous system. Research has shown sensory integration therapy to be very effective with certain types of learning disabled children (Ayres, 1976), but the research on other disabilities is just beginning. Only through well-planned and well-executed research will we ever know if our inferences about the application of Dr. Ayres' theory to populations other than the learning disabled are appropriate.

BIBLIOGRAPHY

1. Ayres, A.J., Sensory Integration and Learning Disorders, Los Angeles, Western Psychological Services, 1972.
2. Ayres, A.J., Improving Academic Scores Through Sensory Integration, Journal of Learning Disabilities, 5:338-343, 1972.
3. Ayres, A.J., The Effect of Sensory Integrative Therapy on Learning Disabled Children: The Final Report of a Research Project, Available from the Center for the Study of Sensory Integrative Dysfunction, 201 South Lake Avenue, Pasadena, California 91101, 1976.
4. Ayres, J.A., Effect of Sensory Integrative Therapy on the Coordination of Children with Choreoathetoid Movements, American Journal of Occupational Therapy, Vol. 31, Number 5, pp. 291-293, 1977.
5. Ayres, A.J., Cluster Analyses of Measures of Sensory Integration, American Journal of Occupational Therapy, Vol. 31, Number 6, pp. 362-366, 1977.
6. Ayres, A.J., Dichotic Listening Performance in Learning Disabled Children, American Journal of Occupational Therapy, Vol. 31, Number 7, pp. 441-446, 1977.
7. Ayres, A.J., Learning Disabilities and the Vestibular System, Journal of Learning Disabilities, 2:1, 1978.
8. Ayres, A.J., Perceptual - Motor Dysfunction in Children, from the Greater Cincinnati District, Ohio Occupational Therapy Association Conference, Monograph, 1964.
9. Clark, D.L., Kreutzberg, J.R., Chee, F., Vestibular Stimulation Influence on Motor Development in Infants, Science, 196, 1228-1229, 1977.
10. Clark, F.A., And Shuer, J.A., A Clarification of Sensory Integrative Therapy and its Application to Programming for Retarded People, Mental Retardation, 16:3, 227-231, 1978.
11. deQuiros, J.B., Diagnosis of Vestibular Disorders in the Learning Disabled, Journal of Learning Disabilities, Vol. 9, Number 1, pp. 50-58, 1976.
12. Fiorentino, M.R., Reflex Testing Methods for Evaluating C.N.S. Development, Charles C. Thomas, Springfield, Illinois, 1963.
13. Freeman, B.J., Frankel, F., and Ritvo, E.D., The Effect of Response Contingent Vestibular Stimulation on the Behavior of Autistic and Retarded Children, Journal of Autism and Childhood Schizophrenia, Vol. 6, Number 4, pp. 353-358, 1976.
14. Kantner, R.N., Clark, D.L., Allen, L.C., and Chase, M.F., Effects of Vestibular Stimulation on Nystagmus Response and Motor Performance in the Developmentally Delayed Infant. Physical Therapy, Vol. 56, Number 4, pp. 414-421, 1976.
15. Kimball, J.G., The Southern California Sensory Integration Tests (Ayres) and the Bender Gestalt: A Correlative Study. American Journal of Occupational Therapy, Vol. 32, Number 5, pp. 294-299, 1977.
16. Ottenbacher, K., Identifying Vestibular Processing Dysfunction in Learning Disabled Children, American Journal of Occupational Therapy, 32:4, pp. 217-221, 1978.

COGNITIVE DEVELOPMENT OF YOUNG VISUALLY HANDICAPPED CHILDREN

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The Development of Representational Thought
in Young Visually Handicapped Children

Let us first understand what is meant by representational, which is in the broad sense identical to thought. To represent means to make something present which is not present. We can evoke through memory both symbolic and conceptual representations. Representations are divided into two aspects: (1) the symbol and (2) the concept. In other words the symbol is the signifier and the concept is the signified. As the child grows intellectually, he develops both types of representations concurrently - symbolic representations and conceptual representations.

Symbolic Development in the Blind

A symbol is a differentiated sign that refers to the thing-as-known. "The symbolic function is the person's capacity to construct or produce a symbol for representing that which the person knows and which is not present. Consequently, any symbol, whether produced or comprehended, presupposes the constructive activity of operational thinking and depends on it." (Furth, 1968, p. 265). Out of the sixth substage of the sensorimotor period symbolic representations arise. Each of the following actions is more complex than the other.

1. *Deferred imitation* means that the child is capable of internal imitation and the act is not dependent upon the model being present. The child holds onto and re-enacts some event. Thus, the child has figurative knowledge of a prior event. This is the beginning of symbol formation--a delayed representation of a previous external event.
2. *Symbolic play* means that the child can express his knowing by using things or gestures in a representative manner. Through the game of pretending the child expresses, not his thought, but his referents to the objects or event. The child in play is imitating through gestures and using objects which are symbolic, e.g., the box becomes a symbolizer for the symbolized bed as he places his doll in it; thus the child is building his symbolic schemas. Symbolic representation is being practiced through play.
3. *Mental image* during the preoperational years is an internalized imitation of the perceptual and motor experience. It internally represents an external event--above and beyond perception and action. It is perceptive activity. At this pre-operational stage of development mental images are static, because the child lacks fluidity of thought. The image is singular and essentially egocentric.
4. *Language* is also symbolic but it is an "arbitrary" signifier in that it is socially determined and related to its signified by social convention. Language is basically imitation arising from social interaction.

The preoperational period is symbol dominated as the child develops symbolic representations of his sensorimotor actions and perceptions.

Table 6

TYPES OF SYMBOLIZATION

PREOPERATIONAL

SIGN
(linguistic)

WORD CARD

telephone

"telephone"

WORD CARD

drum

"drum"

WORD CARD

duck

"duck"

SYMBOL

"ring-ring-ring"

"Rat-ta-ta-tat-
ta-tat-ta-tat-
Ra-ta-ta-tat-ta-tat"

"quack-quack"

(figurative)



picture card

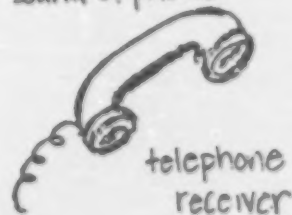


toy duck

SENSORIMOTOR

INDEX

sound of phone



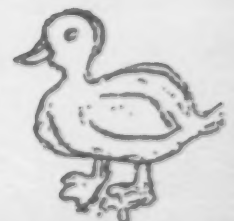
vibration of drum



smell of duck



REAL OBJECT



Piaget recognized two basic forms of symbolic behavior: the symbol and the sign. Although Piaget distinguished an imaginal symbol from a linguistic sign, both are representational. They both serve as signifiers for the significates (that which is signified). The index is an undifferentiated signal without symbolism. The index is a part of one aspect of the object. Being an attribute of the object the child can anticipate what it is without a mental representation. When he hears the telephone ring this activates his corresponding schema. Sensorimotor intelligence develops the index behavior through conditioning, perceptual recognition and associate learning.

For the visually handicapped child, who reportedly has problems with the figurative aspects of knowledge (perception, imitation, image) this chart on verbal symbolization may be helpful for some of you. We need to grow in our understanding of ways to facilitate the development of symbolic thought. If we would sequence the child through the index, symbol and sign continuum at all levels of learning, possibly this would reduce some obvious developmental gaps in knowing. Most educators are aware of the symbol sequence, but it is still not incorporated into everyday educational programming (as often as I would like to see). Just the other day I was in a classroom where a six year old blind child was tracing around a bell shape. I asked her, "What's a bell?" She could not answer. And later, after locating a bell and playing with it, she still had no idea of the relationship of the shape to the bell. And neither did the teacher. I'll ask the question, "What are we doing?"

The emergence of symbolic representation, through the development of the imitation schemas, is critical for the emergence of conceptual schemes. Concepts are the operational aspects of figurative knowing. Blind children should be encouraged and assisted in interacting with motivational objects, toys and people, in play construction, and in reality (vs. fantasy) based play during these pre-school years.

Conceptual Development in the Blind Child

A concept is a mental construct of the generalized aspect of a known thing. It is the representational scheme that the child has acquired as a product of his multiple judgments about an object or event. The development of early concepts seems to be the result of a process of elaboration that is based essentially on the explorative activity of the

child. This allows him to extract information from objects themselves as to their texture, size, form, weight, and so on. The concept in its primary stage is framed in those sensorimotor schemes dealing with observing and acting upon resemblances and differences of objects and events. The construction of the sensorimotor schemes (reality) for the child is based on the coordination of inputs from his visual, auditory, kinesthetic and proprioceptive systems.

In the sighted infant the visual system provides the initial matrix upon which the other systems are built. For example, the development of midline hand play is delayed in the blind infant as the result of the loss of visual feedback needed to sustain this haptic activity. The visual system allows the child to see objects in their wholeness. Furthermore, it allows him to coordinate the tactile explorations that give rise to the depth or intricacy of the object's essence. The blind child is not able to see objects in their wholeness, therefore must learn about it by going from the parts to the whole. In addition, the visual loss decreases the amount of and the impact from the stimulation garnered from the tactile manipulation of the object. The loss of visual system input as a perceptual organizer results not only in a loss of the visual image, but results in the possible decrement of those exploratory activities that give rise to the development of kinesthetic, tactual, proprioceptive images needed for concept development.

Through his manipulation of and his repeated actions upon the object, the child becomes aware of the existence of the object in its absence. He learns to recognize, discriminate, and later identify the object and its characteristics. Through repeated sensory experience, he abstracts a common element. Once the child can use this abstraction or a differentiation of a class and can represent the generalization by a symbol either internally (mental image) or externally (deferred imitation, words, graphic image, symbolic play), he has formed a concept.

Piaget has outlined conceptual development through three period stages: (1) precepts - the concept consists of the sensorimotor scheme and is not yet representative; (2) intuitive concepts - the concept is beginning to take on representations, to become an abstract scheme; and (3) representational concepts - the concept is logical on the plan of operative knowing, and can be verbalized. Based upon this information, a student of mine at California State University, Los Angeles, Janice Neibaur,

has developed a model for assessing a blind child's conceptual development. Since precepts form in the sensorimotor period, then the development of specific concepts needs to be assessed throughout their stages of development. The levels of concept development are defined as:

1. **EXPERIENTIAL:** An ability based on sensory experiences and indicates that the behavior occurs through motor activity.

1.1 Physical manipulation: physical manipulation of the individual by an external source. Language interaction is not required.

1.2 Imitation or modeling: involves practical application of self and may be paired with language but this is not necessary.

2. **CONCRETE:** The ability to demonstrate a concept through object manipulation. It involves both receptive and expressive usage.

2.1 Receptive language level: a demonstration of a concept through object manipulation.

2.2 Expressive language level: a demonstration of a concept through object manipulation paired with language.

3. **REPRESENTATIONAL/SYMBOLIC:** Conceptual understanding involving language and demonstrations on a two-dimensional level.

3.1 Receptive language level: demonstration of concepts through behavior using two-dimensional symbolic representations, i.e., TTBC.

3.2 Expressive language level: use of language and two-dimensional symbolic representations to demonstrate a concept. It can also be language usage exclusively, i.e., definitions, explanations.

(This was used for the assessment of positional, directional, sequential, size, shape, temporal, quantity and miscellaneous concepts).

Long before the child can handle the verbal manifestation of concepts, he can bring objects together and act upon them in terms of their resemblances. In its verbal manifestation, a concept is a "verbalized expression of a logical concept together with its verbalized comprehension; however, verbalization is extrinsic to the logical concept as such." (Furth, 1969, p.260). Many blind children will give an excellent verbal description of something. This merely reflects his ability to listen and repeat verbal symbols in appropriate situations; however, on further investigation, it can often be discovered that he is lacking in the knowledge of the symbol's underlying logical concept.

It is imperative that the teacher explore with the child his internal understanding of what he verbalizes. Another significant implication for the education of blind children is the necessity of teaching and elaborating on concepts via methods founded on activity rather than verbalization. Whereas the sighted child can internally elaborate his experiences, i.e., concepts, through verbal exchange; the blind child must internally elaborate his verbal exchange (representing concepts) through direct experience.

Based upon the multiple problems and concerns presented in this paper, it is my belief that a blind child requires more time to interact with objects, people and events to give rise to his symbolic schemas. He also requires more time to activate his conceptual schemes. Two of my greatest educational dilemmas are segregation vs. integration and structure vs. open classroom. The blind child is not an incidental learner. He must be (1) motivated in the classroom to participate actively and (2) given sufficient time to participate fully. He requires time to abstract the information, and then provided additional time to practice and act upon his knowing. At home and at school he also needs a supportive environment in all areas of development—not just cognitive.

REFERENCES

- Fraiberg, S., The Magic Years. New York: Charles Scribner's Sons, 1959.
- Fraiberg, S. Parallel and Divergent Patterns in Blind and Sighted Infants. Psychoanalytic Study of the Child, 1968, 23, pp. 264-300.
- Fraiberg, S., Smith, M., and Adelson, E. An Educational Program for Blind Infants. Journal of Special Education, 1969, 3, pp. 121-142.
- Furth, H. Piaget and Knowledge. New Jersey: Prentice Hall, Inc., 1969.
- Lavatelli, C. Piaget's Theory Applied to an Early Childhood Curriculum. Boston: Center for Media Development, Inc., 1973.
- Molloy, J. Trainable Children. New York: The John Day Company, 1972.
- Piaget, J. Play, Dreams and Imitation in Childhood. New York: W.W. Norton and Company, Inc., 1962.
- Piaget, J. and Inhelder, B. The Psychology of the Child. New York: Basic Books, Inc., 1969.
- Sund, R. Piaget for Education. Columbus, Ohio: Charles E. Merrill Publishing Company, 1976.
- Warren, D. Blindness and Early Childhood Development. New York: American Foundation for the Blind, Inc., 1977.

SPECIALIZED SKILLS

ORIENTATION AND MOBILITY TECHNIQUES FOR TEACHERS

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I'm going to focus as much as possible in this presentation on what the educator can do in terms of helping to prepare a visually handicapped child for orientation and mobility. It is important that I first talk to you about understanding the process of orientation and mobility. I'd like to do this by discussing the process as two components, first orientation, and second mobility.

Orientation is a cognitive, sensory process. It's the process of using all the available sensory information--what we hear, what we see, what we feel, as well as our knowledge of the environment so as to form a mental map. Someone who is oriented knows where he/she is standing right at this point, knows where he/she is headed, knows where he/she is coming from and is able to consider what to do in case he/she gets lost. The child understands the environment and the information he/she is receiving. Orientation requires the use of sensory information and cognitive information, and then organizing the information into a workable system so that the environment makes sense.

Now to be a little more specific about the kinds of sensory data that we use when we become oriented, let's talk first about vision, visual data, something that we don't often talk about when we're talking about the visually handicapped. But as all of you know, the largest percentage of children that you work with have some vision. We can use

this visual data for orientation, even if it is only a source of light. A child knows that one room has a light on, another room has it off. This is a source of visual information that will tell the child something about his or her environment. Another visual information source can be gross shadows of form. The child might not be able to recognize that it is a man versus a woman but he/she can recognize there is someone or something there. We can also talk about vision in terms of color. We recognize the yellow room as opposed to the green room. So, even very limited vision can't be ignored; it's a very important sensory process and it's a very helpful source of information when you talk about orientation.

The sense of hearing is another tremendously helpful sensory source for getting orientation about the environment. I not only learn to recognize a sound; for example, I know that there's water dripping, but I also learn to localize where that sound is coming from. So I begin to learn that if I hear water dripping from a faucet on my left hand side while I am in the room, that must mean that the sink is in that part of the room. I begin to tie in the information that I get, as well as where it's coming from, to begin to form a workable picture of the environment. When we talk about hearing it's also helpful to talk about that "magical sense"--facial vision, object perception. This is the "sixth" sense that can be observed by anyone who has seen a congenitally totally blind child walk right up to a wall, almost make physical contact with the wall, and then turn and move away from it. It is not a sixth sense, but it is the use of hearing. It is the ability to use reflected sound that is produced while moving in the environment. It's often a very unconscious process and, if you were to ask the child, "Well, how did you know there was something there?", he/she would tell you he/she didn't know, or he/she would tell you he/she felt something. It's often perceived as a sensation. Visually handicapped children don't recognize and we generally don't recognize that it is really hearing that's operating in the process of obstacle perception.

Other sensory information that's helpful in orientation is tactile information, that which we get through our tactile sense. I talk not only about the hands, because I'm sure all of you work with aiding the child to recognize things that he/she is holding or touching with his or her hands, but I'm also talking about tactile information that comes through the feet. I can recognize that I'm in the

living room because the floor is carpeted as opposed to standing on the kitchen floor that is made of linoleum. Tactile information also refers to temperature. One room may be colder than another room, so we talk not only about texture but also about temperature when using the tactile sense for orientation.

Another sense or sensory system that's important and that we don't talk about very often is the kinesthetic system. The kinesthetic system is a process by which the muscles and joints in the body can recognize our body position in space. Right now, I can see a lot about what my arm is doing as I raise it to shoulder level. However, if I were to close my eyes, I would be relying very strictly on my kinesthetic sense to be able to repeat this movement and to put my arm back in this position.

When discussing independent travel for the visually handicapped, the kinesthetic system plays an important role with regard to muscles and joints in the legs. Because of the information that I'm receiving from those muscles I know when I'm going up a hill or down a hill. I can learn particular methods of mobility such as protecting myself by putting my arm in front of me, or placing my cane in a certain position, because of kinesthetic information that my muscles (in this case my arms) have learned. We all have this ability. Anyone who has lived in the same place for several years may say, 'I could probably get home blindfolded. I really don't have to look where I'm going.' What's actually happening is that muscle memory, kinesthetic memory is operating and telling your legs when they've gone far enough and when it's time to turn into home. Visually handicapped children make use of the kinesthetic sense very frequently. You might wonder how a blind child knows when he/she has arrived at the familiar cafeteria in the school. You might figure that he/she heard the dishes rattle or smelled the food. If you ask the child, he/she will say, 'No, it just sort of felt right.' It's kinesthetic information again. That's what's operating and that's what's helping the child to become oriented to his/her environment.

Another sense to be discussed, is of course, the olfactory sense, the sense of smell. That's not nearly as precise as the sense of hearing. We can recognize the smell of pizza over the smell of laundry, but olfactory localization, pinpointing the source of a smell is not something that's done with much precision. But the sense of smell is helpful

in terms of orientation. I recognize the cafeteria because I smell the food. Anyone who has been in a gymnasium after a lot of work recognizes he/she is in the gymnasium because of the odor. The olfactory sense is again very helpful for orientation. So it has been illustrated that all types of data are helpful to persons for orientation to the environment.

Now we will talk about cognitive data--what do we know about the environment that will help us? What kind of concepts do we have about the environment that will help us? Ninety-nine percent of the time you can walk into a room, and if you want to turn the light on, you automatically reach to your side to get the light switch. This is what I like to call a spatial consistency. There are certain objects that are located in similar positions in all environments. They architecturally and functionally make sense. Radiators are usually underneath windows. Elevators in buildings are basically in the same place on every floor. Steps are usually the same height. A full understanding of these spatial consistencies is helpful for orientation as well as a solid understanding of spatial concepts. Many blind children, however, have not had the experience of understanding such basic concepts as up, down, left, right, as well as more abstract concepts like, how many walls are there to a room, how many sides are there to a street, what does it actually mean to cross a street? These concepts are very helpful and necessary for understanding the environment. I'm talking a lot about orientation because it is a very, very important process. I mentioned that we take the sensory data, as well as the cognitive data, and place it into an organized system, because otherwise it's just a mass of sound, a mass of visual clues, a mass of tactile information that doesn't mean anything. We organize the environment in terms of a reference system.

One of the biggest problems for congenitally blind children is recognizing that as they turn, the environment does not turn. So if you label the walls of rooms, for example, as being left or right and front and back, you are not teaching them that the environment in fact is static and it is they who are moving through it. So what we use to organize the environment for mobility are a couple of different reference systems.

One of the systems that we use is the use of landmarks, fixed reference points. I want Johnny to go over to the wall that has the window; or the wall that has the sink. Regardless of where Johnny is in the room, that wall is going to stay in the same place.

Other examples are: 'I live on the same block as MacDonald's, or 'Go find your coat; it's hanging on the locker wall.' Use of landmarks and use of reference points are very helpful in terms of orientation.

Another type of system that we can use is time and distance relationships. 'How far away do you live, Johnny?' 'Oh, about ten minutes from school.' 'How far is the doctor?' 'It's a 30 minute bus ride.' 'The cafeteria is about six seconds from here.' Time-distance is very helpful in organizing the environment into a workable system. One of the problems that many congenitally blind children have is understanding time, being able to estimate time and being able to estimate distance. So work on this when you're sitting in the classroom by saying, 'We're going to work for one minute', and see if the child can tell you when that one minute is up. Time and distance estimation are again very helpful in terms of orientation.

Another reference system that's used very frequently by mobility instructors is the use of compass directions, cardinal directions. They, of course, remain stable, north is north in this room, outside this room, all the way to the North Pole. So these are very static, stable positions in the environment that are helpful in terms of labeling the environment and getting an organized system. The problem with compass directions is that they are abstract and for many children understanding the abstract nature is somewhat difficult. If someone can understand cardinal compass directions, it is an excellent source of reference in terms of organizing the environment. No one of these systems is used solely; we use a combination of them so that the child has the opportunity to understand all reference systems in working in the environment.

Now mobility means purposeful movement through the environment. In order to make movement purposeful one has to know what's in the environment. One has to be oriented. The goal with mobility is to reach whatever your objective is as safely and as efficiently as possible. That word efficiently comes into play particularly when we're talking about partially sighted children who may be able to avoid bumping an obstacle, but if you take them into the grocery store and ask them to find the milk container, as opposed to stopping and systematically organizing how they're going to walk into that grocery store, they'll randomly move through it. So the word efficiently is important when you talk about mobility. We want to also talk about

safety because that becomes the important element. Your body needs protection from injury and contact with obstacles when you can't see as you move forward.

There are basically six means by which a visually handicapped person can protect him/herself as he or she moves through the environment. One method of protection, of course, is vision. It's true it's not the same amount of vision that all of us have, but the vision is helpful in terms of mobility, in terms of teaching visually handicapped children to anticipate what is coming up in front of their body before they walk into it. A second means used for protection is the human guide or the sighted guide. The guide protects the visually handicapped person by leading him/her safely through the environment. Another method is for the blind person to make use of their own arms and hands for protection, techniques such as "trailing" and "use of upper-forearm" and "use of lower forearm". The concept behind these methods is that the arm and the hands are extending ahead of the body and providing protection before the entire body contacts the obstacle. Another means of protection is the long cane. We also talk about the dog guide or according to some professionals, the guide dog. The sixth means of protection is something that's newest in the field and that is the area of electronic travel aids. They provide long range information about the environment so that the person can then protect themselves and move safely.

Many of these protective devices can be used in combinations. One can use the sighted guide as well as carry a cane. One can use a cane and have vision. The only thing that can't be combined is the cane and the dog at the same time. I like to bring that up because if any of you ever saw the show "Longstreet", you may have noticed that he used to travel with his cane and his dog. I wonder what this did for the public image of the way blind people travel. A few more comments about each of these mobility devices or means by which visually handicapped people can protect themselves.

Let's talk about vision again. The very nature of low vision is that it is variable. The very nature of total blindness is that it is not variable. When we're working with someone who is totally blind, we can plan a program and we know tomorrow that the person will operate in basically the same way provided there are no new situations or variables that would occur to alter his/her method of functioning. The nature of low vision is its vari-

ability, so that the child saw very well today and yet tomorrow his or her vision may not be there. He/she goes from a darkened room to a lighted room and his/her visual ability changes. It's a problem in and of itself and it leads to difficulties. Not so many years ago, people who worked with partially sighted adults would blindfold them. They would teach them other skills and not work with the vision. I have also spoken to low vision individuals who attended schools for the blind and public schools as youngsters. They have explained that they chose to block out and ignore their vision because of the frustrations that they encountered--yesterday their vision was quite good and today it's another story.

So it's a difficult situation. In terms of vision for mobility purposes, however, the child may have enough vision to be able to detect something, a gross object in front and avoid it, and then move through the environment safely. He/she may also be able to recognize areas and then travel through them because of color and contrast. The use of optical distance aids such as a telescope are very helpful in terms of spotting objects in the environment, providing the individual with more information about what's there, and then the individual can protect his or her own path and move through it safely.

The long cane is probably the most popular device that is used by visually handicapped people. There are two types. One is the rigid or straight cane, and the other is a collapsible cane which does just that, it collapses into pieces. Questions are asked, 'Who gets a long cane that doesn't fold and who gets one that folds?' This answer is that very much depends on the preference of the child, of the instructor, and of the travel need. We might say without being too strict about it, that the straight cane would be used for someone who needs a cane for travel all the time, it's more durable and it will last longer. A folding cane might be used by some partially sighted people whose vision is quite good during certain lighting conditions, and then in other lighting conditions they need the protection of the cane. They might want to fold it up in other situations where it's not needed. The cane is technically called the "long cane" because it is longer than the orthopedic support type of cane that was used previously. The cane is long so that it can extend ahead of the body and, like all mobility methods, provide protection at least one step ahead of the body. The cane, when it is used properly and when it's the proper length for the particular person, extends about 2 to 3 feet ahead of the body. Therefore,

long range information, that is beyond 3 feet ahead of the body, is not received. When used properly, the cane also covers the width of the body. It does not provide information that is above the waist so that if we have someone walking down the sidewalk and there is a low hanging tree, and this person is headed toward it, his or her head is going to hit the branches. One of the architectural problems we face daily are the recently designed telephone booths which protrude just about shoulder or head level, otherwise being a long vertical bar from the ground upward. The cane cannot pick up that booth. The cane is the most popular device and quite a safe device in terms of body protection, but it does have the disadvantage of not being able to detect above waist objects.

The dog guide/guide dog is used by a very small percentage of the visually handicapped population. But I think if we asked the population in general, 'How many people like dogs?', we might also get the same kind of response. So in and of itself that becomes one of the reasons why only a small percentage of visually handicapped persons use them. It requires that someone like dogs and have a relatively good sense of orientation. The dog avoids obstacles, as opposed to the cane that makes physical contact with objects. If I'm walking in this room with my cane, my cane will hit this chair; I can then look and say, 'It's a chair', and move around and continue in my path. A dog won't do that; a dog will see the chair and avoid it. So unless I'm paying very strict attention to what's going on around me, I could lose my sense of direction. However, it is an excellent travel tool for a number of people and I wouldn't discourage anyone who is capable of using one or is interested in trying to do so. The dog understands basically four commands: stop, forward, left and right. There are some dogs that can also understand the concepts of inside and outside if they see a door in front of them. But otherwise it is up to the traveler, up to the visually handicapped person, to guide that dog.

Electronic travel aids were developed primarily because of the shortcomings of the cane, one, providing only below waist protection, and two, not providing long range information. These electronic travel aids provide long range information up to 12 to 15 feet ahead of the body, as well as provide information about what is going on above the waist. Each one uses its own special technical methods to get to that same point. The two most common devices are the Laser Cane, which makes use of laser beams sent out into the environment

and then sends back a signal that can be heard by the user, and the Sonicguide, a pair of glasses which makes use of ultrasound, sending out sound that we can't hear, into the environment that comes back in an audible form when objects in the user's path are detected. We find that there are not a great number of people who can afford them at this point, and there has not been a great amount of support by foundations and other agencies to pay for them. They have been used more as training tools.

We have three basic methods for use of arms and hands as protection: trailing, upper protective forearm methods and lower protective forearm method. Trailing means extending my arm and hand ahead of the body about one foot at hip level as I walk along. Let's say that there were a door knob at the end of this screen. I walk along, my hand finds the door knob, and I then make my adjustment. My hand is out there before me. In upper protective methods, the palm of my hand is facing outward and my arm is parallel to the floor at shoulder level. I'm using this method because I want to protect myself from things that might be on the walls in some schools or bookshelves protruding from the wall. The lower protective forearm involves using my arm and hand to protect my waist area. These techniques have their limits. They can be used indoors in an area where someone's very familiar because the methods do not provide information about what's going on below the feet. If someone were to walk out-of-doors or in an unfamiliar indoor setting with only this protection, they would soon develop quite a heavy shuffling gait because they absolutely would not know what was on the ground below their feet.

The sighted guide, use of the human guide, is basically your most dependent means of mobility used, but it is used by all visually handicapped people at one time or another. The idea is that the sighted person is ahead of the blind person, thus leading him/her safely through the environment. Some of the basics of sighted guide movement will be demonstrated to you later in the session. You will also have the opportunity to view an excellent film about sighted guide movement (Film--"The Seven Minute Lesson--How to Act as a Sighted Guide", American Foundation for the Blind, 1978).

The goal of orientation and mobility is to develop good and appropriate orientation skills, and good and appropriate mobility skills, so that a visually handicapped person can become an independent traveler. Independent travel are frightening

words to some people because when they hear that they begin to think that a six year old child, if he or she is taking mobility, will be travelling on the subways in two years! Independent travel is movement, it can be movement in a very limited environment, such as in someone's own apartment or it can be movement in an extended environment, such as throughout the city. Independent travel can be travel on a route from home to school and back again. It can also be travel in a larger area, depending on the needs, the abilities, the goals of the student. Independent travel can be in familiar areas only or it can be in all areas both familiar and strange.

In general, the orientation and mobility instructor establishes goals for the child based on three things. One is the developmental abilities of the child, mentally and chronologically. Two is the motivation of the child and his or her family. Three is the particular orientation and mobility needs of the child. The amount of time needed to teach orientation and mobility is something that's often asked of orientation and mobility specialists. It of course depends on the child, which is an answer all of you will give about any kind of learning. And it depends as well on the goals of instruction.

I would like, especially after hearing Mr. Grumet this morning, to give you just a general idea of what was quoted once in terms of the number of hours needed to teach a full program of mobility. That quotation comes from something called the COMSTAC Report. In the COMSTAC Report, written back in the mid-60's, they discuss the total mobility hours needed for an adventitiously blinded, well adjusted, highly motivated individual with no other physical complications, who would learn to travel in all environments. The statement reads that it would take between 120 and 200 hours of instruction. So now in this situation we're talking about congenitally blind youngsters who may or may not have vision, plus all kinds of factors that can interfere with the learning of a full mobility program in one continuous time period. Consequently, you can imagine what we're talking about in terms of hours of instruction.

One question some of you teachers might ask is, 'Which one of my students do I refer for orientation and mobility?' To respond I'd like to present you with a concept or idea for your serious consideration, that is, that it is the right of all human beings to be able to move around in their environment safely and efficiently. I think that any

person has that right. If we believe in that concept, we can then say that all visually handicapped children should have at least an assessment for orientation and mobility.

An assessment does not mean that they will require instruction in mobility but rather their needs and abilities will be carefully evaluated by a professional orientation and mobility specialist. There are two factors that I wanted you not to be fooled by in your referrals for assessment. One factor is the label of travel vision, and the myth that the child who has travel vision does not need mobility. Again, I want to emphasize that vision is variable and can fluctuate from one lighting condition to another. You may observe a child travel in familiar settings where the lighting permits him to move smoothly and efficiently. You see Johnny in school or perhaps you see him going in his neighborhood and you think he is doing fine. However, these are familiar settings to him and if you put him into a strange setting, he would not be able to organize his environment. The child may be safe but inefficient. He may avoid bumping into obstacles, but he may use the most random of methods for being able to move through his environment and organize it. Travel vision should not be something that should be taken lightly. A child should still receive an orientation and mobility evaluation at least, so as to be able to understand his or her needs. Mobility does not mean or necessarily include a cane or full independent travel.

The second factor to be considered when referring the child is the age of the child. An instructor may work with a very young pre-school age child on the pre-requisites for orientation and mobility such as concept development, body image work, exploration into the environment and understanding what is around. Gross motor activities, for example, are helpful in terms of developing body image, concepts about the environment and reducing fear. If one begins to move out into the environment, one becomes a little less fearful of what's going on. The instructor might work with the young child on these pre-requisites until the child is old enough to learn some more independent travel skills. No child is too young for referral for an orientation and mobility assessment.

In New York State we have a very limited number of orientation and mobility personnel. In New York City, with a population of more than 300 visually handicapped students, there are 2 mobility instructors! Orientation and mobility is not specifi-

cally noted as a support service under the New York State version of P.L. 94-142 and so the availability of orientation and mobility services to visually handicapped children in the public school systems is extremely limited. Currently children in New York State often get no orientation and mobility services until they are in junior or senior high school, or become eligible for vocational rehabilitation services and are sent to a special summer program where they must learn all of mobility in 4-6 weeks.

The problem is further complicated by the fact that many graduates of university orientation and mobility programs do not necessarily receive New York State Education Certification as Teacher of the Visually Handicapped. New York State, unlike other states such as California and Illinois, for example, does not recognize a separate certification for orientation and mobility instructors. If there were openings for mobility instructors in the NYS Education system, the applicants would be required to be certified or certifiable by NYS Department of Education as Teacher of the Visually Handicapped.

My task this morning is to offer suggestions for what you as teachers can do for your children in lieu of sufficient orientation and mobility services. One thing that teachers in the Downstate area might consider is enrolling in a course called "Orientation and Mobility for Teachers of the Visually Handicapped", offered at Teachers College and Hunter College. Another suggestion is that you begin to understand and develop some of the pre-requisites for orientation and mobility in your daily classroom activities. An excellent reference is a book by Lydon & McGraw, Concept Development for Visually Handicapped Children. It is available from the American Foundation for the Blind and costs \$3.00. The book contains a whole series of exercises and activities that are very helpful in developing the kinds of things we will talk about.

Three major categories of pre-requisites are: the area of spatial concepts, the area of sensory awareness, and the area of gross motor activities and gross motor abilities, which include posture and gait. All of you who have worked with visually handicapped children know many of the severe posture and gait problems that have developed and do develop over the years.

Let me begin by discussing spatial concepts. A brief definition of a concept is that it is an idea of something, and it includes almost everything around us. In mobility we divide concepts into categories just to make our understanding and teaching a

little easier. Many concepts are intangible, for example, position and direction. It is very important to allow the child, from as early an age as possible, to explore and experience the environment in order to gain a full understanding of its components and relationships. Incidental learning of concepts happens with most of us as we develop. Incidental learning of concepts can occur with all tasks, all activities that you're involved in. If you make an attempt to verbalize the concept involved, such as saying, 'Johnny, you're holding the book up'; 'Johnny, you're standing up'; 'Johnny, you just turned left', you will help children begin to understand some concepts about their body and about the environment.

Concepts generally fall into the following categories: body image, body parts, directions and movement and body position. When the child begins to understand his body, its parts and movements, we then talk about other concepts--objects in relation to the body and in relation to each other. We also talk about nominative types of concepts, the names of objects. We talk about quantitative concepts (measurements) and qualitative concepts (hot, cold, soft). There are directional concepts (north, south, up, down); comparative and superlative concepts (longer, widest); so that someone gets an idea of not only an object in and of itself, but how it relates to other objects in the environment.

Attention should also be paid to sequencing. In going from one place to another we pass through or by a series of objects in specific places. To return to the starting point that sequence is reversed or an entirely new one is initiated if a different route is chosen. Therefore, efficient travel requires not only recognizing objects in places, but also recalling the sequence of their placement.

There are guidelines about teaching concepts that should be considered. One very important thing is that you cannot teach concepts verbally; you must use a method founded on activity. Have any of you ever read Cutsforth's book, *Blind in School and Society*, which talks about the verbal unreality of the blind? Visually handicapped children can often make excellent speeches and give you excellent definitions of something; but ask them to describe it to you in their own terms or do an activity founded on their understanding of it and they cannot do it.

In talking about sensory awareness you may want to consider each of the senses separately at first. Activities and games that focus on hearing, smell, touch can be particularly helpful. When

working with any of these senses we follow three basic steps: 1) you want the child to be aware that there is sensory information, that there are sounds, odors, etc., 2) you want the child to be able to consistently identify what the sound is, what the odor is, or what he/she is touching, and 3) you want the child to be able to discriminate between two or more of that type of sensory information. For example, 'I can tell the difference between the sound of a bell and the sound of water dripping.'

When we talk about vision and about hearing, there's one other step involved and that is the process of localization. Much of mobility is based on the localization of sounds and the localization of visual information. You can incorporate sensory awareness into classroom daily activities; encourage your students to explore various textures.

Gross motor activities is the other area I said was important for building orientation and mobility readiness. Although mobility instruction is a one-to-one service, some gross motor activities can be done in groups. Use music whenever possible. It is pleasurable and places an emphasis on rhythm. And rhythm is important in movement. Motor development is important for posture, gait, improving body image and environmental awareness. Allow as much freedom of movement as you can. Give directions to the child as opposed to getting something for him or her. Arrange the classroom to provide as much sensory stimulation as possible.

You can also begin to have contact with parents. It is absolutely necessary that you work with them. There is a book out by Richard Webster, *The Road to Freedom*. It is an excellent book, helpful to teachers. It involves working with parents in understanding basics about orientation and mobility. Encourage parents to do the same kinds of things in the home so that the child can recognize where he or she is and can begin to form a better picture of his or her surroundings.

FOOTNOTES AND REFERENCES

1. Lydon, W. and McGraw, L. *Concept Development for Visually Handicapped Children*. New York: American Foundation for the Blind, 1973.
2. Cutsforth, Thomas, *The Blind in School and Society*. New York: American Foundation for the Blind, 1929.
3. Webster, Richard, *The Road to Freedom - A Parent's Guide to Prepare Blind Children to Travel Independently*. Jacksonville, Illinois: Katan Publications, 1977.

ISSUES IN TEACHING READING WITH THE OPTACON

Anne Corn, Instructor, Department of Special Education,
Teachers College, Volumbia University

The Optacon is a portable reading device that utilizes a camera to convert the image of a printed letter into a vibrating form in much the same way that the Times Square Building gives a moving image in printed form. The reader generally uses his or her left index finger to feel the image while tracking the camera with the right hand.

Reading with the Optacon is an important and exciting technological device which provides immediate access to the printed word. However, because of a slower reading speed, it is not intended to serve as a replacement for reading braille. It is also being used to increase communication with deaf-blind students whose primary method of receiving and expressing language is through their kinesthetic sense. The availability of the Optacon in libraries enables blind persons to have immediate access to card catalogues, newspapers and periodicals and books for professional or personal use.

One of the teachers' main concerns is selecting suitable print materials for teaching reading with the Optacon. The Monster Series is an example of sans serif print. An amber colored acetate sheet the teachers use to increase contrast of print for low vision students can also be used under the Optacon camera to increase the contrast of lightly printed material. Other suggestions for maintaining interest and motivation include reading directions on frozen food packages, sports pages from newspapers, treasure hunts around the classroom, and short typed letters. Suggestions for motivating those students who are fearful of tracking include: re-reading familiar material that the child has already enjoyed reading, candy wrappers, riddles, jokes, short-columned articles in newspapers and sorting mail for the school office.

Adapting materials that teachers already have in the classroom for use with the Optacon may be more practical and certainly less expensive than purchasing them commercially.

With regard to specific teaching strategies, a suggestion is that some lower case and upper case letters may be introduced simultaneously on the Optacon since the same kinds of information prevail for both, i.e., the letters c,s,v. Increasing speed of reading can be accomplished by having the teacher track for the student, utilizing the portable line scanner, and having the student read with the Optacon accompanied by a tape recording. The "images" or

[This workshop was primarily a follow-up session for teachers who had participated in a USOE funded workshop on "Teaching Reading with the Optacon". Emphasis was on the selection of appropriate and creative materials. The following was excerpted from the discussion and summary report presented by the recorder.]

"blobs" felt by the Optacon user need not be identical to those seen by the sighted. It is possible that many Optacon readers read almost entirely with only the distinguishing feature or the upper part of their finger, that they can receive enough information to read whole passages with only the top half of the letter showing and the bottom part not even there. This may be similar to the way sighted readers read in context, not really focusing on every letter of each word. Many Optacon users also utilize auditory clues from the electronic sound emitted from the Optacon. Besides detecting the format of a page, a reader can hear that a "w" passing across the field sounds much different from an "i" or an "e".

Use of the Optacon in classrooms has already gone far beyond a reading device and is being used creatively in many ways. One such way is the teaching of map skills which increases the student's tracking ability and is also helpful for developing orientation and mobility skills. A student can be taught to follow a given route on a map with the Optacon camera, make turns, cross at intersections and follow other directions

which will enable the student to arrive at his or her destination. The map could be an actual map of a school building, a campus layout or just an imaginary one. Simple line maps can be made by the teacher.

Fitting the Optacon into the student's curriculum is another important concern of teachers. Optacon skills greatly increase the work opportunities for a blind individual because of the immediate access to printed material. This single attribute alone should make the learning of Optacon skills a vital part of every student's educational program.

A final concern of teachers is the funding of Optacons for students when they graduate from high school. Some private groups such as the Lyons Clubs around the country have purchased Optacons for college students. Teachers may wish to assist post-high school students find resources in their respective communities for purchases of Optacons. It is anticipated that in the decade of the 1980's, Optacon users will be able to obtain spoken output with an attachment to their current device, in other words, a talking Optacon.



Anne Corn (l.) and Susan Spungin, Planning Committee member, converse during a break in conference sessions.

MAXIMIZING PERSONAL DEVELOPMENT THROUGH USE OF A CAREER EDUCATION PERSPECTIVE

Frank Simpson, Coordinator, Pre-Vocational Programs, New York Institute for the Education of the Blind



Professional personnel, parents and students alike often become confused by the use of the term pre-vocational. This term implies to them that a period of pre-vocational training will be followed by a vocation with pay. However, vocations vary greatly. When using the term pre-vocational and when planning students' programs, there is the need to enhance the parallel development of the many roles a person occupies during his or her vocational lifetime in addition to technical skills of a job or work activity. Each of these roles has a cognitive, social/psychological and often a psychomotor component.

In reviewing the "success" that many of the former and current students at the Institute have made in transferring to the "world of work", the area that has caused the greatest difficulty has been the psychological. This is true regardless of the entry level into the labor market, be it a sheltered workshop or competitive employment. Rosen, Clark and Kivitz in Habilitation of the Handicapped (1979) indicate that the most serious deficit of mentally retarded persons is also in the realm of social inadequacy. These authors found that the lack of social competency, not actual skills, limited the vocational development and placement options.

When the Pre-vocational Program was started at the Institute, we often "over-programmed" for skill acquisition and didn't adequately consider the social/psychological component. This often occurred in an eagerness to demonstrate that the students could produce or acquire motor patterns. We learned that the actual tasks can be very useful as "new tools" to enhance language and social/psychological development, but should not be the primary goal.

For example, with some students who are multihandicapped the goal was to have them internalize a five or six step "work routine". In many ways this is a conditioning process, but social/psychological values as well as language "labels" are attached to each step. For example, a student may have been taught to move with minimal assistance from a classroom to a pre-vocational area, locate his/her punch card, locate his/her seat, signal the instructor when assistance was needed and return materials to the appropriate shelf. This sequence of steps varied depending on the setting and the student's level of development. A token system was also introduced to many of the students at this beginning level. Our experience was not unique. If you review student evaluation summaries from local rehabilitation agencies you can observe that the social/psychological aspects of work are stressed. These are often grouped under the category of "work habits".

In establishing entry level criteria for your own in-house program, the criteria should first be relevant to the individual child and the setting. It is also important to be aware of assessment systems and entry criteria in other community-based programs to assure content validity in your program.

To meet career development needs of a heterogeneous student population at the Institute, a diverse program of services has evolved. These services are provided by both classroom teaching staff as well as by pre-vocational personnel. They are infused into several aspects of the school's program to enhance the occupational, social, leisure and psychological development.

An occupational therapist is employed to provide readiness activities that enhance movement

into various components. Many of these activities are based on theories related to sensory integration. An example that we think illustrates the relevance of these readiness activities occurred in the sewing class. A student who had good eye-hand coordination did not cross the mid-line when doing hand sewing. After several months with the occupational therapist, classroom teacher and teacher's aide all providing sensory integration training, this particular student began to cross the mid-line while sewing. This type of movement learned in sewing will facilitate greater productivity in any future work setting. Other suggestions by the occupational therapist to "legitimize" certain kinds of stimulatory behavior in the pre-vocational setting have been followed. For example, for a student who constantly bent his body at the waist for vestibular stimulation, work activities were incorporated that required a great deal of bending and stooping.

Many students, ages 7-21 years, participate in a "simulated workshop" program component. This component is staffed by both educational and pre-vocational personnel. The ratio of student to instructor varies depending on each individual's needs. In some instances a one-to-one ratio is required, while in others one-to-six is possible. The actual tasks vary from two-piece assemblies to those with more than twenty pieces. Some activities have multiple steps that involve matching, assembling and packaging. Many of the tasks simulate those found in evaluation/rehabilitation centers for adults. In this setting the acquisition of socially acceptable work habits is also stressed. An emphasis is placed on developing appropriate peer interaction using group work projects.

Video tapes have been used as one method of providing students with feedback on their work habits and work skills. These tapes are also the basis of group counseling activities. Student response to this type of instruction has been very good. It has been used with both deaf and hearing students. Group goals have been (1) to identify appropriate worker behavior, (2) to "actively" listen to other student workers, and (3) to learn appropriate ways to express anger and other emotions.

On-campus and off-campus work-study experiences are available to students. These placements include food service, indoor and outdoor maintenance, newspaper delivery, child-care assistance, print shop assistance and concession stand

operations. Students are rated on their performance and paid according to U.S. Labor Department guidelines. Since students are paid, the opportunity is available to teach units on money management and banking.

Mobility is an important factor in off-campus placements. These placements often involve personnel from the New York City Mayor's Office for the Handicapped (MOH). The MOH is the funding source for students recently placed at Fordham University (librarian's assistant), Bird S. Coler Hospital (recreation aide), Roosevelt Hospital (central supply aide) and Board of Education (audio assistant). These placements have occurred during the school year as well as during the summer vacation months. Students must be cleared by the Mobility Department to use public transportation to and from the work-study sites, before they begin work.

One group of deaf-blind students worked at a local senior citizens center in the Spring of 1979. This provided a variety of work related experiences. Skill acquisition was not a primary goal since these students had previously completed food service and maintenance work-study jobs. The goal was to have an experience at a community-based placement under close supervision. A mobility instructor as well as educational and pre-vocational staff accompanied the group at all times. It was necessary to use public transportation. Each student had an opportunity to interact with residents of the senior citizens center. These interactions were later used as topics for group counseling activities. Several students have been enrolled at John F. Kennedy High School in vocational courses in auto mechanics, jewelry and home repair. Plans are being made to enroll students in an after-school food service program at Park West High School in September.

At the earliest appropriate time, students are referred to the New York Commission for the Blind and Visually Handicapped to initiate a rehabilitation plan. Rehabilitation counselors have been most helpful in locating appropriate summer evaluation services. Since many students are multihandicapped, several years may be needed to locate appropriate training and placement options in their home communities. The Institute staff attempts to integrate recommendations from these summer evaluation programs into each student's individualized education plan (IEP). When possible, the rehabilitation counselor is encouraged to attend his client's IEP

conference at the Institute. We are thus attempting to integrate the educational and rehabilitation goals.

We are excited over the possibility for funding of a Title III project to employ Institute students and handicapped students referred from the community in after-school jobs during 1979-80. A total of 40 students between the ages of 16-21 years will be involved in the project. Counseling and career education services will also be provided. Whenever appropriate, direct placement into competitive employment will be sought upon successful completion of this program.

At the Institute, staff and parents frequently visit sheltered workshops, rehabilitation centers and group homes. This is to assist in developing a clearer understanding of the types of services that will be available to visually handicapped persons when they reach adulthood. We are also made aware of the lack of services in many areas. Simultaneous development of adult service programs to meet vocational, social, personal and community adjustment needs must occur or else the goal of total habilitation and the maximally functioning person cannot occur.

REFERENCES

Rosen, M., Clark, G., and Kivitz, M., Habilitation of the Handicapped, Baltimore, Maryland: University Park Press, 1977.



Paul Sauerland, Coordinator of Legislation and Special Projects, Catholic Charities Community Life Center, moderates panel session.

TOWARDS GETTING A JOB: DEVELOPING THE CLIENT AND DEVELOPING THE JOB

Gerald Miller, Senior Supervisor, Field Services,
New York Commission for the Blind and Visually
Handicapped



"What do you want to be when you grow up?" This question is often one of the first attempts of adult communication with the young. For most of us, the question was raised around the age of 5 or 6 years. For the handicapped person, the question is raised much later--if at all. The extent of how and when this question is raised is significant for all of us. In rehabilitation it becomes of increased significance for client, family and professional.

The importance of client awareness--awareness of self and awareness of self in the world of work must be recognized. John Stuart Mill once stated, "Men are men before they are lawyers or physicians." We can talk about a wide variety of skills necessary to the achievement of man's capability. With reference to capabilities of blind and visually handicapped clients, we must talk about mobility, skills in daily living and physical functioning.

A further vital ingredient is also necessary. This ingredient is the importance of personality, including self confidence and the ability to relate to people. We are talking not only about the elements of how to prepare a job resume or how to handle an interview, or what to wear when meeting with an employer. There are employers, even among the most respected levels of government who do not necessarily hire typists because of their typing skills. Ignoring the facetiousness of this observation, it is relevant to acknowledge that employers look for more than job skills. The employer is not turned on if the applicant does not maintain eye contact, is not a good listener or does not smile. As an employer, I would prefer to like the person I am hiring. An ingredient, therefore, for any applicant is to be likeable.

How does a counselor help a client become all of these things? Can it be done? The answer is yes, it can be done but not exclusively by the counselor. It involves a variety of other disciplines such as teachers of mobility, and skills of daily living teachers, caseworkers and definitely the family. It is difficult to discuss with a client some of the more abrasive aspects of personality or lack of social skills and graces and yet it must be done. It must be done honestly, tactfully, and in a positive manner. Most of our counselling staff and other professionals do this quite well.

Most rehabilitation counselors would agree with this need, even to the point of noting its priority. However, it is quite probable that at this point they might raise some legitimate questions that complicate their ability to have impact upon the client's capabilities. In the vocational rehabilitation process, we do not begin to serve our clients until after the age of 14. Much more common is involvement with the client at the junior year of high school. At that time, patterns of behavior are quite firmly established. In order to best serve the client, the counselor must become involved with the client at as early an age as possible. There is no disagreement with this.

It is important to note, however, that we must each recognize what we are capable of doing, both in terms of our own skills and in terms of administrative restrictions. We cannot criticize other institutions for failing to do what we are unable to do. We have an obligation to assist other

professionals in meeting client's needs at the earliest point in which the client is ready to have his or her needs met. This involves closer contact between the educational and rehabilitation systems, and this point of contact should not be at age 14 or older, but as early as possible.

If this closer professional relationship calls for new legislation to expand the role of vocational rehabilitation, then let us work for that. If it calls for increased funds to the educational system so that the schools would be able to provide the necessary training and preparation, both in terms of life skills and personality, then let us work for that. But it does mean work. It involves work with professional organizations, legislators, consumers and working within professional organizations. There may be need for our professional organizations to fight for the type of services that are recognized as needed by clients but not yet available. The rehabilitation counselors have displayed an excellent capacity for providing services to the individual client. It is important that the overall needs of the blind and visually handicapped population be recognized, and that effort and energy be directed toward the resolution of meeting these needs.

The blind or visually impaired individual may have found the preceding paragraphs directed solely to his or her limitations as a person. They may respond and it is quite correct, that there are also limitations within the rehabilitation system, particularly within the vocational alternatives that are available to the client. Often we have heard from clients the question, 'What types of work can I do?', and often we respond that, 'We do not want to provide you with a list of jobs that blind people are currently doing because this would limit your thinking and prevent you from including additional jobs that are consistent with your skills and abilities. You the client are capable of a variety of types of work.'

There is some degree of truth in this response, however, it can also be said that sometimes we use this rationale because we do not know what a blind person can do, nor do we know the variety of types of work that blind people are doing. We must, however, secure this information. Most new occupations for blind people come about not because of the knowledge of the rehabilitation profession, but because of the motivation and needs of the handicapped person. The few training programs that private agencies for the blind have, have come about because of client interest and motivation. We must

determine what is available and begin to assist in finding new alternatives, particularly jobs for the multihandicapped and the homebound. We must make a clear distinction at this point. It is not only important to determine what jobs can be done that do not require vision. We must be careful to determine what types of work are available.

Several years ago, an excellent project was started which concluded that blind people could function in a variety of hospital jobs. It was subsequently determined, however, that the jobs were not available, that the contracts for hospital workers had increased to the extent that turnover was minimal and the jobs were few. To expand the alternatives of work available to the visually handicapped, it is important to begin first with the current labor market in knowing what is available now, what is likely to be available in the future, and incorporate into our training programs and private agencies the type of training that is necessary to do these jobs. It is also important to recognize that there are a variety of training facilities outside the agencies for the blind that could assist in training the visually handicapped. We should be working more closely with these facilities so they are prepared to provide job training and jobs for handicapped persons.

One approach to increasing work alternatives might be as follows: the rehabilitation system in conjunction with available resources such as the Department of Labor would begin to analyze and investigate the larger employers who have a need for new workers. We could then meet with an employer and carefully listen (one of the outstanding qualities of our profession), to what the employer wants. It means that he/she assists us and we assist the employer in reviewing his/her organization and analyzing the available jobs. We look for the physical and non-physical requirements of the job including personality. If we have available clients (and it is important to make sure that there is some system for quickly retrieving the names of clients who are available for work), then we might immediately effect placement or even arrange for some system of on-the-job training to demonstrate the client's ability to do this work. If we do not have available clients for any of these firms, and there is potential for employment of clients in the future, it is worth considering the development of training within our own agencies to prepare clients to assume the types of available work.

The rehabilitation system has done an adequate job in evaluating and meeting client needs, yet client needs cannot be met particularly in the area of placement without considering and meeting the needs of the employer. Counselors, for the most part, have not had supervisory experience or functioned in the role of an employer. They identify with the client not only because of the client/counselor relationship, but also because both are workers. The understanding of employer needs and questions is one that must be considered.

How can the rehabilitation counselor accomplish all of this? We are talking about a myriad of professional skills that are necessary to meet both client needs and employer needs. We are first a helping profession, helping client and family, and then our role changes when we must go to an employer and ask for help. Counselors have expressed an honest difficulty in asking an employer for help; yet we must recognize that what we offer to employers is also help. We are talking about salesmanship, job analysis, job development. Does our counseling staff have these skills? Do they need additional training? Is training possible and available? Even if the counselors have the skill to do this complex job, do they have the time? Will they make the time?

These last two questions are closely interrelated. Anyone working in the rehabilitation system knows the pressures and difficulties in dealing with a large caseload of clients who usually suffer from more than one disability and who are beset by a variety of problems that infringe upon their disabilities, including social and economic. Yet counselors do choose their own priorities. Placement, however, being one of the more difficult, if not the most difficult of all responsibilities, sometimes is neglected, using the rationale that we are busy doing other things. Perhaps it could be argued that the counselor is not the best one to do this type of job placement.

The rehabilitation counselor is limited in his or her ability to do a variety of tasks in job placement because of a large caseload. While the caseload may be large, few clients might be waiting for competitive employment. Counselor experience therefore becomes limited and goals are limited to specific individuals, thereby preventing him or her from developing increased knowledge about the varieties of available work. It is probable that in order to do job analysis and to meet with a variety of employers, that we need a person who is not tied to a caseload, and that person be specifically recruited who possesses the

necessary skills of salesmanship and the ability to do an accurate and adequate job analysis.

A good example of this is the use of the job developer in the New York City metropolitan area whose main function is to meet with the employers, assess available jobs, and then share this information with other placement specialists and counselors, to be used for individual clients or the establishment of new programs. Even this kind of person cannot do the job alone. We need to use the available knowledge of the technicians who are familiar with equipment that can be used by visually handicapped people. We need to better use the service of staffs in sheltered workshops to evaluate the types of industrial jobs available within our own respective community.

We can make no generalizations, no two individuals are alike, no two rehabilitation counselors possess the same skills. There is a variety of elements in the entire placement process, from the time the individual first begins to identify as a worker, to the successful job placement of that individual.

It is necessary that each counselor assess his or her own skills to determine in what areas he or she can best serve. It is necessary that the system assess its personnel and its other resources to determine who can best be served and whether the system is able to afford the additional personnel necessary to serve a variety of client and employer needs. It is necessary to consult with others in the rehabilitation system, including the Rehabilitation Services Administration to explore the availability of grants for additional staff. It is necessary to work closely with the Department of Labor to obtain the information necessary regarding job outlook. It is necessary to work closely and cooperatively with the educational systems so that our clients can be well prepared to meet both the vocational and non-vocational aspects of life.

Finally, it is important that we, as helpers, not forget to ask the clients, the community and the family for their help in obtaining the necessary resources to accomplish our goals.



Conference speakers Josephine Taylor, Rose-Marie Swallow, Susan Spungin and Natalie Barraga enjoy a lighter moment after lunch during a break in the Conference.



Conference participants go over the program schedule between sessions.



Elizabeth Mallet, Itinerant Teacher, BOC
Nassau County, Wantagh, New York.



Ann R. Irving, Children's Consultant, Children's
Services, New York Commission for the Visually
Handicapped, Rochester, New York.



Judith Goldsmith, Itinerant Teacher, BOCES
Southern Westchester, Ardsley, New York.



Robert Bowers, Associate Professor, Department
of Special Education, Teachers College, Columbia
University.



Aldona K. Vinikas, Itinerant Teacher, Clyde-
Savannah Central School, Savannah, New York.



Mary Ann O'Brien, Coordinator of Communication
Services, BOCES Monroe County, Fairport,
New York.

CONFERENCE EVALUATION

CONFERENCE EVALUATION

Conference evaluation forms were completed or partially completed by 123 of the nearly 300 persons who attended the Conference. The first section of the evaluation form requested information about the respondents in language and categories identical to the first section of the Needs Assessment Questionnaire (NAQ). The intent was to see if the respondents attending the Conference had similar or different characteristics of position, geographic location, program and work experience than the respondents to the NAQ. There was also a question on the evaluation form about whether or not the respondent had completed and returned an NAQ. These approaches were utilized in order to determine if the evaluations could provide not only the assessment of persons attending the Conference but be representative of persons providing input into the Conference via the NAQ. Some preliminary findings are reported here as the results were not subjected to a computer analysis as were the results of the NAQ.

CHARACTERISTICS OF RESPONDENTS

CHART I: POSITION

<u>Position</u>	<u>Evaluation Form (123)</u>	<u>NAQ (207)</u>
Special Class Teacher	14 - 11.4%	17 - 16.9%
Resource Room Teacher	14 - 11.4%	20 - 9.7%
Itinerant Teacher	47 - 38.2%	64 - 31.0%
University	6 - 4.9%	7 - 3.4%
Parents	4 - 3.2%	13 - 6.3%
Teacher Asst./Aide	3 - 2.4%	29 - 14.0%
Related Services Personnel	14 - 11.4%	10 - 4.8%
Administrators	15 - 12.2%	27 - 13.0%
Others	6 - 4.9%	2 - .9%

Chart I shows the position of persons completing the evaluation form. The combined categories of Special Class, Resource Room and Itinerant teachers are the largest number of respondents to both questionnaires, comprising 61% of the total number completing the evaluation forms and 58% of those returning the NAQ. Within this teacher category the itinerant teachers are the largest group comprising 38% of the respondents to the evaluation and 31% of the respondents to the NAQ. An equal number (11.4%) of special class teachers and resource room teachers completed evaluation forms while 16.9% of those responding to the NAQ were special class teachers and 9.7% were resource room teachers. Administrators comprised 12.2% of the evaluation respondents and only slightly more (13%) of the NAQ respondents. A significantly larger number of Related Services personnel completed evaluation forms (11.4%) than the 4.9% completing the NAQ. The reverse was found with more parents (6.3% to 3.2%) and teacher assistants/aides (14% to 2.4%) completing the NAQ. It may be concluded that while there are similarities between the two groups regarding the position category, in particular with the combined teacher groups and administrators, there are significant differences in the categories of university personnel, teacher assistants/aides and related services personnel.

CHART II: GEOGRAPHIC LOCATION

<u>Geographic Location</u>	<u>Evaluation Form (113)</u>	<u>NAQ (207)</u>
Downstate	85 - 75%	141 - 68%
Upstate	28 - 25%	66 - 32%

As indicated in Chart I, 85 or 25% of the 113 persons noting their geographic location were from the Downstate area. This area included New York City, Long Island, Westchester, Rockland, Orange and Ulster counties. This compares to a slightly lower (68%) number of respondents to the NAQ being from the Downstate area. Both figures may reflect the higher population density of the Downstate area. The even larger number of Downstate persons completing the evaluation form may be a result of the Conference being held Downstate. Persons from Upstate, including such communities as Albany, Schenectady, Buffalo, Rochester, Syracuse and Binghamton, represent 25% of those completing the evaluation form and 32% of those returning the NAQ.

CHART III: PROGRAM TYPE

<u>Program Type</u>	<u>Evaluation Form(126)</u>	<u>Program Type</u>	<u>NAQ(180)</u>
BOCES	52 - 41.3%	Upstate Public Sch.	40 - 22.2%
Bd. of Education	24 - 19.0%	Downstate " "	65 - 36.1%
Special Schools	25 - 19.8%	Special Schools	68 - 37.8%
Agencies	19 - 15.8%	University	7 - 3.9%
University	2 - 1.5%		
Other	4 - 3.1%		

The largest number of persons answering the type of program question on the evaluation form were from Board of Cooperative Educational Services (BOCES). They comprised 41.3% of the respondents. There was only a slight difference between the number of persons completing the evaluation form from Special Schools (19.8%) and those from Board of Education programs (19.0%). Programs under the category of "Other" comprised 3.1%, and there were 15.8% from agencies. As indicated in Chart III, there were only 2 (or 1.6%) persons from university programs answering this question on the evaluation form as compared to 7 (or 3.9%) who responded on the NAQ. Since the remaining program categories on the NAQ are different, no further comparisons are made. It is interesting to note, however, that the largest group answering this question on the NAQ was from Special Schools, comprising 37.8% of the respondents.

CHART IV: WORK EXPERIENCE

<u>Work Experience</u>	<u>Evaluation Form (122)</u>	<u>NAQ (143)</u>
0 - 5 years	62 - 50.8%	64 - 44.7%
5 - 10 years	28 - 22.9%	33 - 23.1%
10 years or more	32 - 26.3%	46 - 32.2%

The work experience of the 122 persons completing the evaluation form showed slightly more than half (50.8%) having less than 5 years of experience as compared to 44.7% of those answering the NAQ in this category. Persons having from five to ten years of work experience comprised 23.0% of the total completing both the evaluation form and the NAQ. Ten years or more of work experience was characteristic of 26.3% of those completing the evaluation form and 32.2% of those responding to the NAQ.

CHART V: COMPLETED NEEDS ASSESSMENT QUESTIONNAIRE

Did not receive NAQ	49
Did not answer	7
Returned NAQ	66
Conference included topics ranked High Priority	
yes	<u>59</u>
no	<u>4</u>
Conference included recommendations included on NAQ	
yes	<u>47</u>
no	<u>6</u>

Of the 112 persons completing the question about the NAQ, 49 or 43.7% had not even received a questionnaire. This represents a significant number of persons interested in educational issues of visual impairment who were not reached by the distribution of the NAQ. An additional 7 persons reported receiving the NAQ and not returning it. The remaining 66 (or 50.9%) persons received the NAQ and returned it to the Conference Planning Committee. Two additional questions were asked of those who returned the NAQ. Sixty-three persons responded to whether or not the Conference included one or more topics that they had indicated as High Priority on the NAQ. Four persons responded in the negative and 59 persons said the Conference did include at least one topic that they considered High Priority. The second part of that question was whether recommendations made in the open-ended part of the NAQ had been included in the Conference. This category included suggestions for speakers, facilitators, recorders, films, themes and so forth. Forty-seven of the 53 persons answering this question said their recommendations were included and the remaining six did not find their suggestions included.

The results of the evaluation reported in the remainder of this report represent the total of all responses to each question. Although the information is available to cross tabulate the evaluation results by the respondent characteristics of position, geographic location and so forth, this has not been analyzed.

CHART VI: SUMMARY OF RESPONSES TO GENERAL EVALUATION

1. The organization of the Conference was
 excellent 82 good 32 fair 3 poor 1
2. The publicity of this Conference was
 excellent 36 good 48 fair 20 poor 9
3. The local arrangements provided by NYIEB were
 excellent 69 good 24 fair 2 poor 0
4. The selection of topics was
 excellent 52 good 62 fair 0 poor 1
5. The selection of presenters was
 excellent 26 good 75 fair 12 poor 0
6. The materials and exhibits displayed were
 excellent 26 good 68 fair 20 poor 2
7. The selection of films for the Film Festival were
 excellent 18 good 37 fair 3 poor 0
8. The value of the summary reports of each of the concurrent sessions was
 excellent 19 good 27 fair 4 poor 0
 Not relevant (did not attend) 49
9. Please rate each of the plenary sessions
 - A. Louis Grumet:
 excellent 75 good 24 fair 4 poor 2
 - B. Josephine Taylor:
 excellent 61 good 32 fair 1 poor 0
 - C. Natalie Barraga:
 excellent 59 good 20 fair 3 poor 1
10. Rate the overall relevance of the Conference in meeting your professional needs
 excellent 50 good 42 fair 11 poor 11

1. The organization of the conference was considered good or excellent by 114 or 96.6% of the 118 respondents. Four persons rated it as fair or poor.
2. Publicity was ranked in the top categories by 84 or 74.3% of the 113 respondents with 29 ranking it fair or poor.
3. Ninety-five persons responded to the question on local arrangements with 93 rating them excellent or good, and two considering them fair.
4. Topic selection was rated excellent or good by 114 of the 115 respondents. More persons (62) ranked it good than excellent (52). One person rated the topic selection as poor.
5. The presenters received an overall rating that centered more in the good and fair range with 26 of the 113 respondents rating them as excellent, 75 rating them good and 12 rating them as fair.
6. Materials and exhibits were rated as good by 68 of the 116 respondents. Twenty-six rated them as excellent and 20 rated them as fair. Two respondents considered them poor.
7. The films were not viewed by 49 of the 107 respondents to this question. Thirty-seven persons considered them good, 18 rated them excellent and 3 considered them fair.
8. Summary reports given at the end of the conference were ranked by only 50 persons. Nineteen considered the reports excellent, 27 said they were good and 4 thought they were only fair.
9. The three plenary speakers met with the overwhelming approval of persons completing this section of the evaluation. Overall, 96% of the respondents rated the speakers either excellent or good.
10. The overall relevance of the conference in meeting professional needs was rated excellent or good by 92 or 80.7% of the 114 respondents. Twenty-two persons considered the relevance fair or poor.
11. When asked to list the two sessions enjoyed the most, all of the plenary and the concurrent sessions were given top rating by at least one person. The most enjoyable concurrent sessions were those on Tactile, Kinesthetic and Vestibular Stimulation; Orientation and Mobility Techniques for Teachers; Cognitive Development-Sensory Motor Period; and Writing IEP's for Visually Impaired Students.

Some specific suggestions for future conference included scheduling a shorter day on Friday to allow travel time for commuters; scheduling the film festival in the afternoon instead of at night; allowing more open time for viewing exhibits; and better publicizing the conference by sending out advance flyers and putting notices in professional publications and newsletters.

INPUT FOR THE FUTURE

The question of whether or not to continue statewide conferences received an enthusiastic response of "yes" from 108 of 108 respondents. One hundred of these persons (92.6%) wanted the conference held every year, 6 wanted it every two years. One person wanted a state conference twice a year and the 108th person simply checked the "Other" category and did not specify frequency.

Ninety (or 83.3%) of the 108 respondents wanted the conference to last for two days, 8 persons wanted it for one day and 10 persons preferred three days.

The Spring months of April or May were the preferred months to hold the conference for 90 (83.3%) of the 108 respondents. Fifteen people gave October-November as their preference, and 3 marked the "Other" category.

A large majority, 79 or 73.1%, preferred to have the conference in the New York City area, 22 preferred to have it Upstate, 4 checked the "Other" category, and 13 persons wrote that the conference should alternate between Upstate and Downstate. Had the alternate category been listed as a choice, this might have received more consideration by the respondents.

Twenty-eight names were suggested for Planning Committee members for future conferences. Forty-two persons made specific recommendations for future conferences and 72 topic suggestions were listed. These are presented as written with no attempt made to edit or combine categories in order to provide maximum input to the conference planners of the future. These may be found in Appendix VI.

CONFERENCE PROGRAM

PROGRAM

8:30 A.M. **Registration and Coffee**

9:00 A.M. **PLENARY SESSION**

Welcome

ROGER C. WALKER, Director, New York Institute for the Education of the Blind

Introductory Comments

JOHN SAN FRATELLO, Associate in Education for the Visually Handicapped,
New York State Education Department

9:30 A.M.

***Overview of New York State Policies and Plans Regarding
Students with Visual Impairments***

LOUIS GRUMET, Assistant Commissioner, Office of Children with Handicapping
Conditions, New York State Education Department

10:30 A.M. **... Coffee**

10:45 A.M. **CONCURRENT SESSIONS**

A. Informal Assessment of Multihandicapped Students

STEPHEN A. LECOURI, School Psychologist, New York State School for the
Blind, Batavia, N.Y.

Facilitator—**Jeannetta Walsh**, Educational Diagnostician, Mid-Atlantic North
and Caribbean Regional Deaf-Blind Center, Bronx, N.Y.

Recorder—**Bernadette Kappen**, Educational Supervisor, New York Institute
for the Education of the Blind

***B. Career Education: Pre-Vocational and Vocational Training
and Assessment***

Panel:

GERALD MILLER, Senior Supervisor, Field Services, New York Commission for
the Blind and Visually Handicapped

FRANK SIMPSON, Coordinator, Pre-Vocational Programs, New York Institute for
the Education of the Blind

MELVIN EISENBACH, Guidance Counselor, Bureau of the Visually Handicapped,
Board of Education of the City of New York

SONDRA CHALIS, Program Specialist, Youth with Special Needs, BOCES Northern
Westchester Technical Center, Yorktown Heights, N.Y.

Facilitator—**Paul Sauerland**, Coordinator of Legislation and Special Projects,
Catholic Charities Community Life Center, Lynbrook, N.Y.

Recorder—**Elizabeth Mallett**, Itinerant Teacher, BOCES Nassau County,
Wantagh, N.Y.

C. Orientation and Mobility Techniques for Teachers

JUDITH RUTBERG, Director, Orientation and Mobility Program, Hunter College of the City University of New York. (Supported in part by New York Chapter of American Association of Workers for the Blind—AAWB)

Facilitator—**John Hochreiter**, Itinerant Teacher-Coordinator, Buffalo Public Schools, Buffalo, N.Y.

Recorder—**Judith Goldsmith**, Itinerant Teacher, BOCES Southern Westchester, Ardsley, N.Y.

12:30 P.M. Lunch

1:30 P.M. CONCURRENT SESSIONS

A. Tactile, Kinesthetic and Vestibular Stimulation

JUDITH KIMBALL, Occupational Therapist, Certified Psychologist, Private Practice, Syracuse, N.Y.

Facilitator—**Judith Pritchett**, Occupational Therapist, New York Institute for the Education of the Blind

Recorder—**Aldona K. Vinikas**, Itinerant Teacher, Clyde Savannah Central School, Savannah, N.Y.

B. Issues in Teaching Reading with the Optacon

ANNE CORN, Instructor, Department of Special Education, Teachers College, Columbia University

Facilitator—**Corinne Morris**, Itinerant Teacher, BOCES Nassau County, Wantagh, N.Y.

Recorder—**Betsy Allerton**, Itinerant Teacher, BOCES III Suffolk County, Melville, N.Y.

C. Advocacy for Students and Parents

HAROLD UNTERBERG, New York State Advocate for the Disabled

Facilitator—**Edith Patt**, Coordinator of Pre-School Program, Industrial Home for the Blind, Brooklyn, N.Y.

Recorder—**Karen Luxton**, Coordinator for Student Services, Regional Education Program for Handicapped College Students, Department of Special Education, Teachers College, Columbia University

3:00 P.M.

EXHIBITS • DEMONSTRATIONS • DISPLAYS

(Gym — Lower Level — Schermerhorn Hall)

5:00 P.M.

Wine and Cheese Social Hour and Buffet

Frampton Hall

7:00-9:00 P.M.

Film Festival

Auditorium and Learning Center (2nd Floor, Schermerhorn Hall)

Coordinator—**Frank Irzyk**, Teacher, New York Institute for the Education of the Blind

SATURDAY, APRIL 7, 1979

8:30 A.M. **Registration and Coffee**

9:00 A.M. **PLENARY SESSION**

Welcome

ROGER C. WALKER, Director, New York Institute for the Education of the Blind

Introductory Comments

DR. SUSAN SPUNCIN, National Consultant in Education, American Foundation for the Blind

9:30 A.M.

BEH Projects and Programs Related to Students with Visual Impairments

JOSEPHINE TAYLOR, Project Officer, Division of Personnel Preparation, Bureau of Education for the Handicapped (BEH), Health Education and Welfare (HEW)

10:30 A.M. **Coffee**

10:45 A.M. **CONCURRENT SESSIONS**

A. Cognitive Development — Sensory Motor Period

DR. ROSE-MARIE SWALLOW, Associate Professor, Department of Special Education, California State University at Los Angeles. (Supported in part by Division for the Visually Handicapped of the Council for Exceptional Children—DVH)

Facilitator—**Mary Ann Lang**, Director, Children's and Adolescents' Educational Services, New York Association for the Blind, New York, N.Y.

Recorder—**Ann R. Irving**, Parent of Visually Impaired Child, Children's Consultant, Children's Services, New York Commission for the Visually Handicapped, Rochester, N.Y.

B. Writing I.E.P.'s for Visually Impaired Students

PHIL VEDOVATTI, Vision Coordinator, Northwestern Illinois Association,
DeKalb, Ill.

Facilitator—**Julie Schwelckert**, Associate in Instructional Materials for the
Handicapped, New York State Education Department

Recorder—**Mary Ann O'Brien**, Coordinator of Communication Services, BOCES
Monroe County, Fairport, N.Y.

C. Visual Development and Stimulation

DR. RICHARD JACKSON, Assistant Professor, Department of Special Education
and Psychology, Dominican College of Blauvelt

DR. BRUCE ROSENTHAL, Associate Professor, Low Vision, State University of
New York, State College of Optometry

Facilitator—**Elaine Lyons**, Teacher-Supervisor, Lavelle School for the Blind,
Bronx, N.Y.

Recorder—**Dr. Robert Bowers**, Associate Professor, Department of Special
Education, Teachers College, Columbia University

12:30 P.M. **Lunch**

1:30 P.M. **PLENARY SESSION**

Effective Utilization of Low Vision

DR. NATALIE BARRAGA, Professor, Department of Special Education,
University of Texas at Austin

3:00 P.M. **Reports from Concurrent Sessions by Recorders**

Moderator—**DR. ROSANNE K. SILBERMAN**, Assistant Professor, Program in
Special Education, Hunter College of the City University of New York

4:00 P.M. **Summary and Rap Session**

Conference Participant Reaction

Planning for Future Conferences: **Where Do We Go From Here?**

5:00 **CONFERENCE ENDS**

APPENDICES

APPENDIX I

*CONFERENCE
PLANNING COMMITTEE MEMBERS*

Zita Auerbach, Supervisor, Program for Visually Impaired, BOCES, Nassau County

Lester Barad, Director, Bureau of the Education of the Visually Handicapped,
Board of Education of the City of New York

Roger Herman, Itinerant Teacher, BOCES, Southern Westchester

Ann Irving, Parent and Child Consultant, New York Commission for the Blind and
Visually Handicapped, Rochester Office

Virginia Lapham, Coordinator, Research, Planning and Development, New York Institute
for the Education of the Blind

John San Fratello, Associate in Education for the Visually Impaired, Bureau for
Special Program Review, New York State Education Department

Rosanne K. Silberman, Ed.D., Assistant Professor, Program in Special Education,
Hunter College of the City University of New York

Susan Spungin, Ed.D., National Consultant in Education, American Foundation for the Blind

Roger C. Walker, Director, New York Institute for the Education of the Blind

Noble Wiltshire, Assistant Director, New York Institute for the Education of the Blind

FACILITATORS

The role of a Facilitator is to set the tone and enhance the group process of a workshop so that the participants may gain maximum benefit from the program being offered.

Some specific suggestions for a Facilitator include:

1. Introduce self to group.
2.
 - a) If group is small, (less than say 20), group members may be asked to introduce selves, and give other information regarding geographic location, school or program and position.
 - b) If group is large, have a show of hands regarding those from Upstate New York, Long Island, New York City, etc., or those who are classroom teachers, itinerant teachers, etc., or some other method of getting group interaction.
3. Introduce speaker or panel. The Facilitator should confer with the speaker or panel members in advance and know what format is planned.
4. Question and Answer periods may follow a presentation. The Facilitator may then field the questions and refer them to the presenter(s).
 - a) Encourage questions from the participants.
 - b) Suggest initially that questions be kept brief.
 - c) Repeat any questions not clearly heard by everyone in the room.
 - d) Lengthy questions or comments of interest to the group may be allowed at the discretion of the Facilitator.
 - e) Lengthy questions and comments not of interest to the group may be politely curtailed by a question such as wondering if that might be discussed with the speaker after the meeting.

Any questions regarding facilities, equipment, etc., that arise during the conference may be directed to a member of the Institute staff, who will be present in each workshop.

Facilitators were selected by the Planning Committee because of their sensitivity to people and knowledge of group process.

Thus, you may accept the above as guidelines or forget it all and just be your usual sensitive self.

CONFERENCE FACILITATORS

John Hochreiter, Itinerant Teacher-Coordinator, Buffalo Public Schools, Buffalo, New York

Mary Ann Lang, Director, Children's and Adolescents' Educational Services, New York Association for the Blind, New York, New York

Elaine Lyons, Teacher-Supervisor, Lavelle School for the Blind, Bronx, New York

Corinne Morris, Itinerant Teacher, BOCES Nassau County, Wantagh, New York

Edith Patt, Coordinator of Pre-School Program, Industrial Home for the Blind, Brooklyn, New York

Judith Pritchett, Occupational Therapist, New York Institute for the Education of the Blind

Paul Sauerland, Coordinator of Legislation and Special Projects, Catholic Charities Community Life Center, Lynbrook, New York

Julie Schweickert, Associate in Instructional Materials for the Handicapped, New York State Education Department

Jeanette Walsh, Educational Diagnostician, Mid-Atlantic North and Caribbean Regional Deaf-Blind Center, Bronx, New York

RECORDERS

The role of a Recorder is to be a participant/observer of a workshop in order to provide a brief summary of the workshop to the larger group on Saturday afternoon at 3:00 p.m.

The Recorder is expected to abstract seminal ideas from the workshop presentation and/or discussion and provide a succinct five-minute summary presentation primarily for the benefit of those not in attendance. The summary will become part of the conference proceedings and may be included in a subsequent publication. Recorders may, of course, participate in the group discussion as desired.

Recorders have been recommended because of their knowledge of the subject content of the workshop and because of their ability to present material in an interesting and informative manner.

The Planning Committee views this position as a vital part of pulling together the Conference.

A suggested outline will be provided to all Recorders at the time of the Conference.

Recorders may use it as a guideline, a thought provoker or scrap paper.

Conference April 6 & 7, 1979

Recorder

NOTE: The three-part focus listed on these pages is to serve as a guide for the five-minute summary to be presented at the plenary on Saturday at 3:00 p.m. The style of presentation should be uniquely yours. Please feel free to contact any Planning Committee member if you have questions.

- ### 3. Impressions or recommendations from participants:

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CONFERENCE RECORDERS

Betsy Allerton, Itinerant Teacher, BOCES III Suffolk County, Melville, New York

Dr. Robert Bowers, Associate Professor, Department of Special Education, Teachers College, Columbia University, New York, New York

Judith Goldsmith, Itinerant Teacher, BOCES Southern Westchester, Ardsley, New York

Ann R. Irving, Parent and Child Consultant, New York Commission for the Blind and Visually Handicapped, Rochester, New York

Bernadette Kappen, Educational Supervisor, New York Institute for the Education of the Blind

Karen Luxton, Coordinator for Student Services, Regional Education Program for Handicapped College Students, Department of Special Education, Teachers College, Columbia University

Elizabeth Mallett, Itinerant Teacher, BOCES Nassau County, Wantagh, New York

Mary Ann O'Brien, Coordinator of Communication Services, BOCES, Monroe County, Fairport, New York

Aldona K. Vinikas, Itinerant Teacher, Clyde-Savannah Central School, Savannah, New York

PARTIAL LIST OF EXHIBITORS AND DISPLAYERS

American Foundation for the Blind: New York, New York

American Printing House for the Blind: Louisville, Kentucky

American Thermoform Corporation: Pico Rivera, California

Apollo Lasers, Incorporated: Los Angeles, California

John Milton Society for the Blind: New York, New York

Kurzweil Computer Products: Cambridge, Massachusetts

Science Activities for the Visually Impaired: Berkeley, California

Science for the Blind Products: Wayne, Pennsylvania

Telesensory Systems, Incorporated (TSI): Palo Alto, California

Visualtek: Santa Monica, California

Association for the Education of the Visually Handicapped (AEVH)

American Association of Workers for the Blind (AAWB)

Division for the Visually Handicapped of the Council for Exceptional Children (DVH-CEC)

The New York State Education Department

New York State Council of Organizations for the Handicapped

APPENDIX II

**NEW YORK STATE CONFERENCE ON EDUCATORS
OF
STUDENTS WITH VISUAL IMPAIRMENTS**

April 6-7, 1979

NEEDS ASSESSMENT QUESTIONNAIRE

Name _____	Telephone _____ (O)
Agency _____	_____ (H)
Address _____	
_____	Home Address if preferred for Conference mailings
Title _____	_____
Position _____	_____

- ____ 1. Special Class Teacher
- ____ 2. Resource Room Teacher
- ____ 3. Itinerant Teacher
- ____ 4. Pre-School Teacher
- ____ 5. Teacher Educator
- ____ 6. Parent
- ____ 7. Teacher Assistant/Aide
- ____ 8. House Parent/Child Care Worker
- ____ 9. Social Worker/Parent Counselor
- ____ 10. Orientation and Mobility Specialist
- ____ 11. Speech Pathologist/Speech Therapist
- ____ 12. Occupational Therapist
- ____ 13. Physical Therapist
- ____ 14. Psychologist
- ____ 15. Supervisor
- ____ 16. Administrator
- ____ 17. State Coordinator/Consultant/Liaison Person
- ____ 18. Researcher
- ____ 19. University Student _____ Graduate _____ Undergraduate
- ____ 20. Other _____ (Please Indicate)

Request for information on the next page is primarily designed for persons providing direct services to students with visual impairments. If not relevant to you, please proceed to the questionnaire on page .

NOTE:

Please return completed questionnaire to:

Conference Planning Committee
999 Pelham Parkway
Bronx, New York 10469

Type of Program

☐ Regular Classroom
☐ Itinerant Program
☐ Resource Room Program
☐ Special Class

☐ Special Day Program
☐ Residential Program
☐ Developmental Center
☐ Pre-School Program

☐ Other - (Please Indicate)

Education

High School ☐
 Bachelors Degree ☐
 Bachelors Plus ☐
 Masters Degree ☐
 Masters Plus ☐
 Doctorate ☐
 Post Doctorate ☐

Area of Certification**Work Experience with Visually Impaired Children****Number of Professional Conferences attended in last two years****Number of Inservice Workshops/Courses
(Identify)**

TOPICS TO BE CONSIDERED FOR CONFERENCE

Key

- 1 - High Priority
 2 - Important
 3 - Low Priority
 4 - Not Interested

1. New York State Education Department Policies and Procedures Regarding the Visually Impaired

1 ____ 2 ____ 3 ____ 4 ____

2. Implications of an Update on Legislation Regarding Visually Impaired Students

1 ____ 2 ____ 3 ____ 4 ____

3. The Teacher's Role in Due Process

1 ____ 2 ____ 3 ____ 4 ____

4. Funding Resources for Projects and Special Programs Related to Visually Impaired Students

1 ____ 2 ____ 3 ____ 4 ____

5. Identifying and Utilizing Community Resources

1 ____ 2 ____ 3 ____ 4 ____

6. Needs of Parents with Visually Impaired Children

1 ____ 2 ____ 3 ____ 4 ____

7. Effective Parent Participation in Individualized Education Plan (IEP) Meetings

1 ____ 2 ____ 3 ____ 4 ____

8. Interpreting and Applying Medical Information to Classroom Programming

1 ____ 2 ____ 3 ____ 4 ____

9. Informal Assessment of Academically Oriented Students

1 ____ 2 ____ 3 ____ 4 ____

10. Formal Assessment of and Curriculum Planning for Academically Oriented Students

1 ____ 2 ____ 3 ____ 4 ____

11. Informal Assessment of Multi-Handicapped Students

1 ____ 2 ____ 3 ____ 4 ____

12. Assessment of and Planning for Academically Oriented Deaf-Blind Students

1 ____ 2 ____ 3 ____ 4 ____

13. Visual Development and Stimulation

1 ____ 2 ____ 3 ____ 4 ____

14. Effective Utilization of Low Vision

1 ____ 2 ____ 3 ____ 4 ____

15. Tactile, Kinesthetic and Vestibular Stimulation

1 ____ 2 ____ 3 ____ 4 ____

16. Effective Development

1 ____ 2 ____ 3 ____ 4 ____

17. Language Development and Communication Techniques

1 ____ 2 ____ 3 ____ 4 ____

18. Cognitive Development - Sensory Motor Period

1 ____ 2 ____ 3 ____ 4 ____

19. Cognitive Development - Project PAVE

1 ____ 2 ____ 3 ____ 4 ____

20. Motor Development and Physical Education

1 ____ 2 ____ 3 ____ 4 ____

21. Orientation and Mobility

1 ____ 2 ____ 3 ____ 4 ____

22. Self-Help Skills (feeding, dressing, toileting, personal hygiene)

1 ____ 2 ____ 3 ____ 4 ____

23. Activities of Daily Living/Independent Life Skills
(cooking, shopping, cleaning, etc.)

1 ____ 2 ____ 3 ____ 4 ____

24. Recreation and Leisure Time Activities

1 ____ 2 ____ 3 ____ 4 ____

25. Career Education (Pre-Vocational and Vocational Assessment and Planning)

1 ____ 2 ____ 3 ____ 4 ____

26. Sex Education

1 ____ 2 ____ 3 ____ 4 ____

27. Braille Reading Efficiency

1 ____ 2 ____ 3 ____ 4 ____

28. Issues in Teaching Reading with the Optacon
(Follow-up to USOE Training)

1 ____ 2 ____ 3 ____ 4 ____

29. Media and Material

1 ____ 2 ____ 3 ____ 4 ____

30. Current Status of Sensory Aids for the Visually Impaired

1 ____ 2 ____ 3 ____ 4 ____

31. Current Research Regarding the Visually Impaired

1 ____ 2 ____ 3 ____ 4 ____

32. Writing Individualized Education Plans (IEPs) for Visually Impaired Students

1 ____ 2 ____ 3 ____ 4 ____

33. Conducting Staff Inservice Regarding Needs of Mainstreamed Students with Visual Impairments

1 ____ 2 ____ 3 ____ 4 ____

34 Other (Please specify)

SUGGESTIONS FOR PROGRAMSpeakers or Presenters

(Please note when and where you have heard persons recommended.
Also topic or area of specialty.)

Films or Other Media Recommendations

Give title and brief description - also where available.

Group/Workshop Facilitators

(Name of one or two persons known to you with demonstrated group skills.
Do not hesitate to list yourself if appropriate.)

Recorders

Succinct notes on each workshop or small group session are considered an important part of pulling together a conference summary. Please give names of one or two persons willing and able to perform this task. Outlines to be provided.

Resource Materials

Space will be provided for display of literature and other relevant resource materials. Please indicate any interest and space needs below.

Other Ideas and Comments About Program for This Conference

Number of Registration Forms Desired

Address of Where to be Sent

Theme of Conference

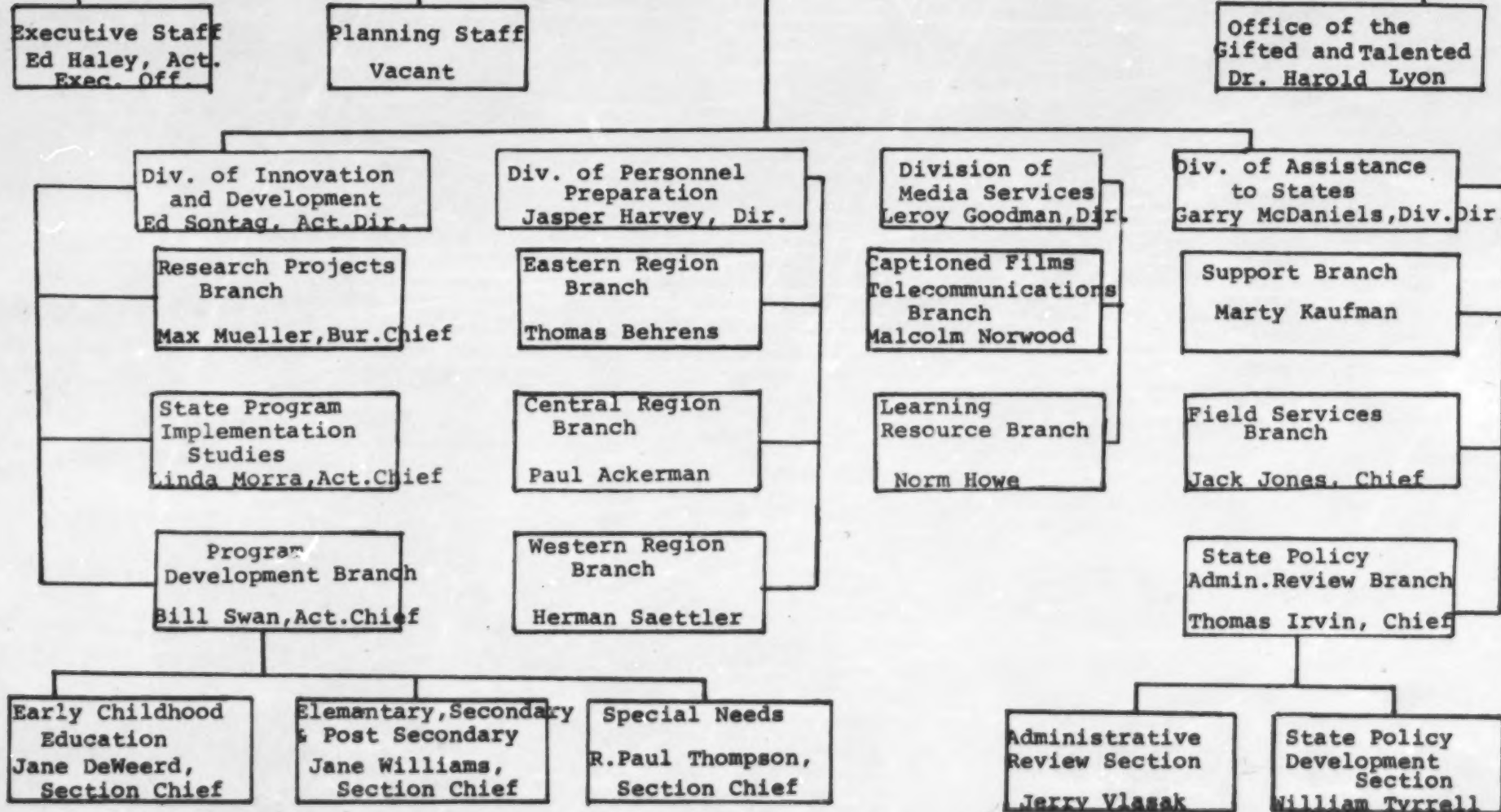
Brief suggestions of an overall theme for this first conference are welcome. Please indicate any ideas or slogans below.

APPENDIX III

Office of Asst. Secy. for
Special Education and
Rehabilitative Services

EDWIN MARTIN

Associate Deputy
Commissioner
ROBERT HERMAN



APPENDIX IV

**RULES AND REGULATIONS OF
PUBLIC LAW 94-142:
THE EDUCATION FOR ALL HANDICAPPED
CHILDREN ACT.**

[Reprinted from FEDERAL REGISTER, VOL. 42,
NO. 163- Tuesday, August 23, 1977].

INDIVIDUALIZED EDUCATION PROGRAMS

†121a.340 Definition

As used in this part, the term "individualized education program" means a written statement for a handicapped child that is developed and implemented in accordance with ††121a.341-121a.349.

(20 U.S.C. 1401(19).)

†121a.341 State educational agency responsibility.

(a) *Public agencies.* The State educational agency develops and implements an individualized education program for each of its handicapped children.

(b) *Private schools and facilities.* The State educational agency shall insure that an individualized education program is developed and implemented for each handicapped child who:

- (1) Is placed in or referred to a private school or facility by a public agency; or
- (2) Is enrolled in a parochial or other private school and receives special education or related services from a public agency.

(20U.S.C.1412(4), (6); 1413(a) (4).)

Comment: This section applies to all public agencies, including other State agencies (e.g., departments of mental health and welfare), which provide special education to a handicapped child either directly, by contract or through other arrangements. Thus, if a State welfare agency contracts with a private school or facility to provide special education to a handicapped child, that agency would be responsible for insuring that an individualized education program is developed for the child.

†121a.342 When individualized education programs must be in effect.

(a) On October 1, 1977, and at the beginning of each school year thereafter, each public agency shall have in effect an individualized education program for every handicapped child who is receiving special education from that agency.

(b) An individualized education program must:

- (1) Be in effect before special education and related services are provided to a child; and
- (2) Be implemented as soon as possible following the meetings under †121a.343.

(20 U.S.C.1424 (2)(B), (4), (6); 1414(a) (5); Pub.L. 94-142, Sec. 8(c) (1975).)

Comment. Under paragraph (b)(2), it is expected that a handicapped child's individualized education program (IEP) will be implemented immediately following the meetings under †121a.343. An exception to this would be (1) when the meetings occur during summer or a vacation period, or (2) where there are circumstances which require a short delay (e.g., working out transportation arrangements). However, there can be no undue delay in providing special education and related services to the child.

†121a.343 Meetings

(a) *General.* Each public agency is responsible for initiating and conducting meetings for the purpose of developing, reviewing, and revising a handicapped child's individualized education program.

(b) *Handicapped children currently served.* If the public agency has determined that a handicapped child will receive special education during school year 1977-1978, a meeting must be held early enough to insure that an individualized education program is developed by October 1, 1977.

(c) *Other handicapped children.* For a handicapped child who is not included under paragraph (b) of this action, a meeting must be held within thirty calendar days of a determination that the child needs special education and related services.

(d) *Review.* Each public agency shall initiate and conduct meetings to periodically review each child's individualized education program and if appropriate revise its provisions. A meeting must be held for this purpose at least once a year.

(20 U.S.C.1412 (2)(B), (4), (6); 1414(a) (5).)

Comment. The dates on which agencies must have individualized education programs (IEPs) in effect are specified in §121a.342 (October 1, 1977, and the beginning of each school year thereafter). However, except for new handicapped children (i.e., those evaluated and determined to need special education after October 1, 1977), the timing of meetings to develop, review, and revise IEPs is left to the discretion of each agency.

In order to have IEPs in effect by the dates in §121a.342, agencies could hold meetings at the end of the school year or during the summer preceding those dates. In meeting the October 1, 1977 timeline, meetings could be conducted up through the October 1 date. Thereafter, meetings may be held any time throughout the year, as long as IEPs are in effect at the beginning of each school year.

The statute requires agencies to hold a meeting at least once each year in order to review, and if appropriate revise, each child's IEP. The timing of those meetings could be on the anniversary date of the last IEP meeting on the child, but this is left to the discretion of the agency.

§121a.344 Participants in meetings.

(a) *General.* The public agency shall insure that each meeting includes the following participants:

(1) A representative of the public agency, other than the child's teacher, who is qualified to provide, or supervise the provision of, special education.

(2) The child's teacher.

(3) One or both of the child's parents, subject to §121a.345.

(4) The child, where appropriate.

(5) Other individuals at the discretion of the parent or agency.

(b) *Evaluation personnel.* For a handicapped child who has been evaluated for the first time, the public agency shall insure:

(1) That a member of the evaluation team participate in the meeting; or

(2) That the representative of the public agency, the child's teacher, or some other person is present at the meeting, who is knowledgeable about the evaluation procedures used with the child and is familiar with the results of the evaluation.

(20 U.S.C. 1401(19); 1412 (2) (B), (4), (6); 1414(a) (5).)

Comment. 1. In deciding which teacher will participate in meetings on a child's individualized education program, the agency may wish to consider the following possibilities:

(a) For a handicapped child who is receiving special education, the "teacher" could be the child's special education teacher. If the child's handicap is a speech impairment, the "teacher" could be the speech-language pathologist.

(b) For a handicapped child who is being considered for placement in special education, the "teacher" could be the child's regular teacher, or a teacher qualified to provide education in the type of program in which the child may be placed, or both.

(c) If the child is not in school or has more than one teacher, the agency may designate which teacher will participate in the meeting.

2. Either the teacher or the agency representative should be qualified in the area of the child's suspected disability.

3. For a child whose primary handicap is a speech impairment the evaluation personnel participating under paragraph (b)(1) of this section would normally be the speech-language pathologist.

§121a.345 Parent participation.

(a) Each public agency shall take steps to insure that one or both of the parents of the handicapped child are present at each meeting or are afforded the opportunity to participate, including:

(1) Notifying parents of the meeting early enough to insure that they will have an opportunity to attend; and

(2) Scheduling the meeting at a mutually agreed on time and place.

(b) The notice under paragraph (a) (1) of this section must indicate the purpose, time, and location of the meeting, and who will be in attendance.

(c) If neither parent can attend, the public agency shall use other methods to insure parent participation including individual or conference telephone calls.

(d) A meeting may be conducted without a parent in attendance if the public agency is unable to convince the parents that they should attend. In this case the public agency must have a record of its attempts to arrange a mutually agreed on time and place such as:

(1) Detailed records of telephone calls made or attempted and the results of those calls.

(2) Copies of correspondence sent to the parents and any responses received, and

(3) Detailed records of visits made to the parent's home or place of employment and the results of those visits.

(e) The public agency shall take whatever action is necessary to insure that the parent understands the proceedings at a meeting, including arranging for an interpreter for parents who are deaf or whose native language is other than English.

(f) The public agency shall give the parent, on request, a copy of the individualized education program.

(20 U.S.C. 1401(19); 1412 (2)(B), (4), (6); 1414(a) (5).)

Comment. The notice in paragraph (a) could also inform parents that they may bring other people to the meeting. As indicated in paragraph (c), the procedure used to notify parents (whether oral or written or both) is left to the discretion of the agency, but the agency must keep a record of its efforts to contact parents.

†121a.346 Content of individualized education programs.

The individualized education program for each child must include:

- (a) A statement of the child's present levels of educational performance;
- (b) A statement of annual goals, including short term instructional objectives;
- (c) A statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in regular educational programs;
- (d) The projected dates for initiation of services and the anticipated duration of the services; and
- (e) Appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short term instructional objectives are being achieved.

(20 U.S.C. 1401(19); 1412 (2)(B), (4), (6), 1414(a) (5); Senate Report No. 94-168, p. 11 (1975).)

†121a.347 Private school placements.

(a) Developing individualized education programs.

- (1) Before a public agency places a handicapped child in, or refers a child to, a private school or facility, the agency shall initiate and conduct a meeting to develop an individualized education program for the child in accordance with †121a.343.
- (2) The agency shall insure that a representative of the private school facility attends the meeting. If the representative cannot attend, the agency shall use other methods to insure participation by the private school or facility, including individual or conference telephone calls.
- (3) The public agency shall also develop an individualized educational program for each handicapped child who was placed in a private school or facility by the agency before the effective date of these regulations.

(b) Reviewing and revising individualized educational programs.

- (1) After a handicapped child enters a private school or facility, any meetings to review and revise the child's individualized education program may be initiated and conducted by the private school

or facility at the discretion of the public agency.
(2) If the private school or facility initiates and conducts these meetings, the public agency shall insure that the parents and an agency representative:

- (i) Are involved in any decision about the child's individualized education program; and

- (ii) Agree to any proposed changes in the program before those changes are implemented.

(c) *Responsibility.* Even if a private school or facility implements a child's individualized education program, responsibility for compliance with this part remains with the public agency and the State educational agency.

20 U.S.C. 1413(a) (4) (B).)

†121a.348 Handicapped children in parochial or other private schools.

If a handicapped child is enrolled in a parochial or other private school and receives special education or related services from a public agency, the public agency shall:

- (a) Initiate and conduct meetings to develop, review, and revise an individualized education program for the child, in accordance with †121a.343; and
- (b) Insure that a representative of the parochial or other private school attends each meeting. If the representative cannot attend, the agency shall use other methods to insure participation by the private school, including individual or conference telephone calls.

(20 U.S.C. 1413(a) (4) (A).)

†121a.349 Individualized education program--accountability.

Each public agency must provide special education and related services to a handicapped child in accordance with an individualized education program. However, Part B of the Act does not require that any agency, teacher or other person be held accountable if a child does not achieve the growth projected in the annual goals and objectives.

(20 U.S.C. 1412(2) (B); 1414(a) (5), (6); Cong. Rec. at H 7152 (daily ed., July 21, 1975).)

Comment. This section is intended to relieve concerns that the individualized education program constitutes a guarantee by the public agency and the teacher that a child will progress at a specified rate. However, this section does not relieve agencies and teachers from making good faith efforts to assist the child in achieving the objectives and goals listed in the individualized education program. Further, the section does not limit a parent's right to complain and ask for revisions of

the child's program, or to invoke due procedures, if the parent feels that these effort are not being made.

Copies of complete rules and regulations may be obtained from:

House or Senate Document Room
U.S. Capital
Washington, D.C. 20510

OR

Your Congressperson
Senate Office Building
Washington, D.C. 20510

APPENDIX V

New York State Conference On
Educational Issues of Students with Visual Impairments

April 6, 7, 1979

CONFERENCE EVALUATION

I General Information

A. Position

- _____ 1. Special Class Teacher of Visually Impaired Students
- _____ 2. Resource Room Teacher of Visually Impaired Students
- _____ 3. Itinerant Teacher of Visually Impaired Students
- _____ 4. Pre-School Teacher of Visually Impaired Students
- _____ 5. University: a. Faculty _____ b. Student _____
- _____ 6. Parent
- _____ 7. Teacher Assistant/Aide
- _____ 8. Counselor , Psychologist, Social Worker
- _____ 9. Related Service, e.g., O&M, P.T., O.T., Sp.Therapist
- _____ 10. Supervisor/Administrator
- _____ 11. State Coordinator/Consultant/Liaison Person
- _____ 12. Special Education Teacher of Other Than Visually Impaired
- _____ 13. Teacher in Regular Classroom including Students with
 Visual Impairments
- _____ 14. Other (Please Specify) _____

B. Geographic Location

- _____ New York City
- _____ Nassau/Suffolk
- _____ Westchester/Rockland/Putnam/Orange Counties
- _____ Albany/Schenectady
- _____ Syracuse/Utica
- _____ Buffalo/Rochester
- _____ Binghamton
- _____ Plattsburg
- _____ Other Upstate

C. Program (if appropriate)

- _____ BOCES
- _____ Board of Education
- _____ Special School: a. Day Program _____ b. Residential _____
- _____ Developmental Center
- _____ Agency for Blind/Visually Impaired
- _____ Other Agency
- _____ Other Program (Please Specify): _____

I General Information (cont.)

D. Work Experience with Visually Impaired Students

- ☐ None
- ☐ Less than 2 Years
- ☐ 2-5 Years
- ☐ 5-10 Years
- ☐ 10-15 Years
- ☐ More than 15 Years

E. Needs Assessment Questionnaire (NAQ)

- ☐ Did not receive NAQ
- ☐ Did not answer NAQ
- ☐ Returned NAQ to Conference Planning Committee

If NAQ returned, please answer the following:

1. Did the Conference include one or more topics
you considered High Priority on NAQ: ☐ Yes ☐ No.
2. Did the Conference include one or more recommendations
you included on NAQ: ☐ Yes ☐ No.

Part II General Evaluation

1. The organization of the Conference was
excellent _____ good _____ fair _____ poor _____
2. The publicity of this Conference was
excellent _____ good _____ fair _____ poor _____
3. The local arrangements provided by NYIEB were
excellent _____ good _____ fair _____ poor _____
4. The selection of topics was
excellent _____ good _____ fair _____ poor _____
5. The selection of presenters was
excellent _____ good _____ fair _____ poor _____
6. The materials and exhibits displayed were
excellent _____ good _____ fair _____ poor _____
7. The selection of films for the Film Festival was
excellent _____ good _____ fair _____ poor _____
not relevant (did not attend) _____
8. The value of the summary reports of each of the
concurrent sessions was
excellent _____ good _____ fair _____ poor _____
9. Please rate each of the plenary sessions
 - A. Louis Grumet:
excellent _____ good _____ fair _____ poor _____
 - B. Josephine Taylor
excellent _____ good _____ fair _____ poor _____
 - C. Natalie Barraga
excellent _____ good _____ fair _____ poor _____
10. Rate the overall relevance of the Conference in
meeting your professional needs
excellent _____ good _____ fair _____ poor _____
11. Overall, list two sessions enjoyed the most at
this Conference
 - a. _____
 - b. _____

Part III SESSION EVALUATION:

Session _____

1. The applicability of this session in providing practical and useful information for working with visually impaired students was
 excellent _____ good _____ fair _____ poor _____

2. The facilitator's role in setting the tone and aiding group process was
 excellent _____ good _____ fair _____ poor _____

3. The selection of speaker(s) for this topic was (were)

Legouri:	excellent	_____	good	_____	fair	_____	poor	_____
Miller:	excellent	_____	good	_____	fair	_____	poor	_____
Simpson:	excellent	_____	good	_____	fair	_____	poor	_____
Eisenbach:	excellent	_____	good	_____	fair	_____	poor	_____
Chalif:	excellent	_____	good	_____	fair	_____	poor	_____
Rutberg:	excellent	_____	good	_____	fair	_____	poor	_____

4. Overall, this presentation was
 excellent _____ good _____ fair _____ poor _____

Session _____

1. The applicability of this session in providing practical and useful information for working with visually impaired students was
 excellent _____ good _____ fair _____ poor _____

2. The facilitator's role in setting the tone and aiding group process was
 excellent _____ good _____ fair _____ poor _____

3. The selection of speaker(s) for this topic was (were)

Judith Kimball:	excellent	_____	good	_____	fair	_____	poor	_____
Anne Corn:	excellent	_____	good	_____	fair	_____	poor	_____
Harold Unterberg:	excellent	_____	good	_____	fair	_____	poor	_____

4. Overall, this presentation was
 excellent _____ good _____ fair _____ poor _____

Part III SESSION EVALUATION (cont.)

Session _____

1. The applicability of this session in providing practical and useful information for working with visually impaired students was

excellent _____ good _____ fair _____ poor _____

2. The facilitator's role in setting the tone and aiding group process was

excellent _____ good _____ fair _____ poor _____

3. The selection of speaker(s) for this topic was (were)

Dr. Swallow:	excellent	_____	good	_____	fair	_____	poor	_____
Mr. Vedovatti:	excellent	_____	good	_____	fair	_____	poor	_____
Dr. Jackson:	excellent	_____	good	_____	fair	_____	poor	_____
Dr. Rosenthal:	excellent	_____	good	_____	fair	_____	poor	_____

4. Overall, this presentation was

excellent _____ good _____ fair _____ poor _____

New York State Conference on Educational Issues of
Students with Visual Impairments

INPUT FOR FUTURE

1. Statewide Conference on issues of visual impairments should be continued: Yes _____ No _____

Frequency: Every year _____
Every 2 years _____
Other _____

Duration: One day _____
Two days _____
Three days _____

Time of Year: Oct.-Nov. _____
April-May _____
Other _____

Location: Upstate _____
Metro NYC _____
Other _____

Topic Suggestions: _____

Other Recommendations: _____

2. Interest in participating in future conferences:

A. Hosting: _____
B. Planning Committee Member: _____
C. Speaker (subject): _____

Recorder: _____
Facilitator: _____

Name _____
Position _____
Address _____
City/State/Zip _____
Telephone _____

Please return to Planning Committee Member OR Registration Desk
BEFORE leaving Conference.

APPENDIX VI

STATEWIDE CONFERENCE: INPUT FOR THE FUTURE

TOPIC SUGGESTIONS

1. How does diagnosis relate to functional vision? what does the child see?
2. Parent education, early developmental corrective education.
3. Promoting positive attitudes of sighted children to the visually handicapped.
4. Recognition of Orientation and Mobility as a related service by State Education Department; presentation on education rehabilitation for visually handicapped persons in the mainstream.
5. Complete mainstreaming of totally blind students; higher education (college).
6. Workshop with consumers to listen to their needs.
7. Low vision aids; infant stimulation program; how to write grants and proposals.
8. Legislative action.
9. Library listing of large print/braille books that are used in counties, schools, etc, one time, and then sit and collect dust; to be borrowed possibly by others instead of buying and re-buying.
10. Sharing of methodology, lay advocacy and/or legal implication of P.L. 94-142 and 503/504.
11. Where and how to get grants--Federal and State (list of titles and what they mean and what they fund.). Low vision stimulation; career education; infant stimulation.
12. Facilitating social and play development for the multi-handicapped, language and its relation to social development.
13. Low vision.
14. What are the needs of the consumer; how can we work more with the parents?
15. Career placement; implementation of supportive services within educational community.
16. Low vision stimulation activities; counseling with children.
17. "Hands on" use of special materials.
18. Workshops for strategies of action on topics.

19. Low vision.
20. Outreach to Committee on the Handicapped members.
21. Eye care for teachers to help students and family.
22. Low vision; job placement.
23. Low vision; current research in the field; daily living skills.
24. The visually "limited" student who is not necessarily severely impaired.
25. Teaching reading to the multi-handicapped blind; speech and language development in echolalic blind children.
26. Low functioning deaf-blind children.
27. Different kinds of programs available to visually handicapped students including mainstreaming.
28. The visually impaired consumer--what are his/her needs and job opportunities?
29. Multi-impaired visually disabled adults--how to serve them? (ages 21 and over).
30. Make parents more aware of aids for visually handicapped children; recently handicapped--a person who has had sight for 9 or 10 years and becomes visually handicapped.
31. Job placement; Orientation and Mobility support service; Individualized Education Plan- again!
32. Low vision and aids (in depth).
33. More on the use of ophthalmologists reports.
34. Low vision for older students; role of itinerant teacher in rural setting.
35. The role of mobility for visually handicapped students.
36. Practical suggestions for helping learning disabled visually limited elementary school pupils.
37. Career education for visually handicapped students; materials and methods.
38. Nan Robbins--Deaf/Blind education; Jeanetta Walsh--Diagnostic Evaluation and Assessment.
39. Jeanetta Walsh--Diagnostic Evaluations.
40. Physical Education for visually handicapped students.

41. Ordering materials for students specifically on careers for the visually handicapped.
42. Mainstreaming materials; problems and solutions of the itinerant programs.
43. New techniques in teaching visually impaired children; writing grants, proposals for government research in the area of the visually impaired; funds.
44. Low vision stimulation.
45. Low vision aids.
46. Importance of social/recreational programs for visually handicapped students.
47. Low vision aids and utilization; testing and assessment of the partially sighted.
48. Visual assessment of partially sighted students; pre-school visually impaired students.
49. Pre-school programming and planning further Orientation and Mobility (O&M) suggestions for classroom and itinerant teachers.
50. Tests and assessments useful with the visually handicapped.
51. Pre-school programs; visually impaired adolescents coping with their problems.
52. New methods for teaching subject matter to visually impaired students.
53. Diagnostic teaching, monitoring and evaluation in the classroom.
54. Eye defects as related to functional vision.
55. Development of play with blind multi-handicapped.
56. Space orientation; auditory discrimination.
57. More pre-school: Piaget, information; more pre-vocational topics.
58. Multi-handicapped blind children--assessment and teaching techniques.
59. The rehabilitative process; employment opportunities for the visually handicapped.
60. Low vision methods and materials.
61. Therapeutic living environments for the deaf-blind and multi-handicapped children.
62. Vocational opportunities; listening skills-- use of the listening tools.

63. Actual and realistic vocations or job placements for legally blind persons not going to college, but bright, intelligent people.
64. Techniques for teaching and assessing the multiply handicapped.
65. Low vision.
66. Visually handicapped with learning problems.
67. Low vision clinic workshop; pre-screening.
68. Needs of visually limited persons.
69. Infant stimulation; early intervention programs; program and tasks for multi-impaired blind children; feasibility of statewide materials exchange-book inventory, exchange of ideas of teacher devised teaching aids, materials, devices, etc.
70. Repetition of some of the concurrent sessions so we are able to attend those others we were interested in attending.
71. Promotion of parent involvement.
72. Informal assessment of partially sighted children; testing materials for the visually impaired.

STATEWIDE CONFERENCE: INPUT FOR THE FUTURE

RECOMMENDATIONS

1. Fewer lectures; more teacher involvement in workshops.
2. More parent involvement.
3. Strategies to obtain Commission for the Blind and Visually Handicapped Services for children.
4. More involvement in workshops; additional materials.
5. Small group discussions in a workshop format (goals and recommendations) after the large group informational sessions.
6. Invite consumer groups to help in planning and implementing.
7. Opportunity to register with professional organizations.
8. Include more parents and regular class teachers.
9. Facilitating cognitive development; concrete and representational level; community based curriculum for severely handicapped population.
10. More parents and visually impaired persons should be invited.
11. More varied display of available teaching materials; more practical teaching procedures.
12. Where to obtain grant monies, etc.
13. Should be held in Syracuse (Upstate Medical a possibility) or Corning (might possibly help fund). Instead of overheads or in addition to overheads, have speakers give handouts for people to keep and read.
14. Child care arrangements to enable parents to attend.
15. Low vision and its implications for the multiply handicapped.
16. Practical orientation to seminars.
17. Counseling for the multi-retarded and multi-handicapped blind; social skills for blind and multi-handicapped; recreation and leisure time activities; emotional disturbance in blind individuals.
18. Dr. Silberman or Dr. Faye as speakers on topics of interest.
19. Invite parents and provide seminars for parents.
20. Have more parents participate in these conferences.

21. Presentation on the various areas a person in this field could work in other than strictly a school setting.
22. Main speaker should not be last member (session) on itinerary.
23. More audience involvement; more handouts rather than notetaking.
24. More appropriate suggestion for use in the classroom; less theory.
25. Exhibits: an increased number, more specified demonstration of how to use materials for science, art, etc.; activities with the children. After each lecture, typed summary sheets for all topics available to entire conference groups.
26. Mainstreaming materials and ideas (problems and solutions).
27. Discussions about innovative in-service courses being offered; demonstration of teacher-prepared "hands on" exhibits.
28. More exhibits.
29. A conference lasting from 9 am to 7 pm is really long; felt "conferenced out" by the end.
30. More exhibits.
31. More exhibits.
32. The visually limited multiply handicapped children with significant language deficits, etc; classroom settings, visually limited resource-choices, options and alternatives.
33. Practical suggestions--teaching techniques.
34. Physical education for pre-school blind and multi-handicapped children.
35. When overhead is used, use handouts; much is missed due to size of the print.
36. O&M for deaf-blind; physical education programs for multi-handicapped blind children.
37. Topics need to be narrower and more specific.
38. Vocational trends and requirements of industry; update of Dr. Barraga's work; infant stimulation.
39. Booth for employment opportunities.
40. Feasibility of statewide materials exchange--book inventory, exchange of ideas of teacher devised teaching aids, materials, devices, etc.
41. Practical methods used in the field and found to be successful in various academic areas; input from teachers; pre-school programs; infant stimulation; programs of average ability for visually/hearing impaired children.
42. More about partially sighted persons; broader scope of what is going on across the state rather than centering on New York City.